

**WEST COCALICO TOWNSHIP**

P.O. Box 244, 156B W. Main Street Reinholds, PA 17569 (717) 336-8720

**APPLICATION FOR CHANGE OF USE & OCCUPANY CERTIFICATE**

Applicant shall complete the top section of this form and return it to township for issuance of a permit. The application will be forwarded to the building inspector for review and approval. Should the building inspector require more information you will be contacted at the numbers provided. When approval has been obtained, an inspection shall be scheduled by contacting the Building Code Official at the number supplied with the permit.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contact #: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Do you have access to any prior occupancy certificates? If yes, please provide Yes No

What type of business will be operated from this location? Please explain below

\_\_\_\_\_  
\_\_\_\_\_

What type of business activity was previously at this location? \_\_\_\_\_

Does this business involve the use or storage of hazardous materials? Yes No  
If hazardous materials are used or stored provide quantities and MSDS sheets

Have or are any changes to the configuration of the space going to be made? Yes No

Are there accessible facilities available on the property? Yes No

Is this a multi-story building? Yes No

Does the building have sprinkler or fire protection systems? Yes No

Has zoning approval been obtained for this business at this location? Yes No

How many employees will be working at this location? \_\_\_\_\_

**CHOOSE (1) OF 3 BUILDING INSPECTORS**

- Associated Building Inspections
- Commonwealth Code Inspection Service
- Technicon Enterprises

**TO BE COMPLETED BY THE BUILDING DEPARTMENT**

Date application received: \_\_\_\_\_ Application reviewed by: \_\_\_\_\_

Application approved: If No, see below Yes No Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C/O issue date: \_\_\_\_\_ Code Official: \_\_\_\_\_