

# CERTIFICATE OF OCCUPANCY

Lemoyne Borough, Cumberland County, Pennsylvania

Date Issued \_\_\_\_\_ Permit Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

Applicant Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Project Address \_\_\_\_\_

Building Type per Chapter 6 of the International Building Code(check all the apply)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Story Height \_\_\_\_\_ Basement  Yes  No

## INTERNATIONAL BUILDING CODE PROJECT WORK(IBC)

(Including Chapter 34 for existing bldgs.)

Permit Type Approval:

New Building  Tenant Fit Out – Existing Bldg.  Change of Occupancy(ONLY)

Additon  Tenant Fit Out – New Bldg.  Change of Occ. w/alterations

New Structure  Alteration or Renovation  Change of Occ. w/addition

Or Facility  Historic Structure  Moved Building or Structure

Occupancy Type

Partial  Complete

If partial, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificate of Occupancy Fee - \$50.....\_\_\_\_\_

Inspections Required  
Yes No

Inspection completed by  
(Inspector initials)

Date  
(mo/day/yr)

- |                          |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Footer _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Foundation_____        |
| <input type="checkbox"/> | <input type="checkbox"/> | Framing_____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical/HVAC_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Energy/Insulation_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Wallboard_____         |

Inspections Required  
Yes No

Inspection completed by  
(Inspector initials)

Date

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A.D.A. Accessibility_____        |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing_____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural Steel_____            |
| <input type="checkbox"/> | <input type="checkbox"/> | Automatic Sprinkler System_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural Concrete/Masonry_____ |

Describe any special stipulations or conditions of the building permit:

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I, (name of Code Official) \_\_\_\_\_ hereby certify that the above referenced building, or the indicated portions thereof, has been inspected and deemed in compliance with the requirements of the \_\_\_\_\_ edition of the International Building Code, Lemoyne Borough Ordinance, and other applicable requirements (specify) \_\_\_\_\_.

Accordingly, the applicant, lessee, or applicant's agent is authorized to commence occupancy of the structure on or after (date)\_\_\_\_\_.

Signature of Borough Official \_\_\_\_\_ Date \_\_\_\_\_

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