

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 | | Inspection completed by (Inspector initials) | Date (mo/day/yr) |
|--------------------------|--------------------------|---|---------------------|
| Yes | No | | |
| <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 | | Inspection completed by (Inspector initials) | Date |
|--------------------------|--------------------------|---|------|
| Yes | No | | |
| <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:

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 _____
