Fountain Hill Borough - Certificate of Occupancy Request Form

Subject Property Address: ________________________________

Owner(s) Name: ______________________________________
Owner(s) Address: ____________________________________
Owner(s) Phone Number: ___________ Cell ___________ Other ___________

Lessee(s) Name: ______________________________________
Lessee(s) Address: ____________________________________
Lessee(s) Phone Number: ___________ Cell ___________ Other ___________

Current Use and Business Name: _________________________

Proposed Use and Business Name: _______________________

Lessee(s) with signed contract/agreement must be onsite for inspections, no exceptions.

Date of opening: _______________________ Requested Date of Inspection: ________________

Contact Name & #: ___________________________________

Days of Operation: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: ___am ___am ___am ___am ___am ___am ___am
___pm ___pm ___pm ___pm ___pm ___pm ___pm

Type of Signs for Display and or Advertising

Quantity: _____ Wall _____ Window _____ Roof _____ Ground _____ Other (describe) _______________________

Size: _______ x _______ New or Existing (use additional sheet if necessary)

COMMERICAL FEES: List square footage of building to be inspected

$138.00 for first 1000 sq. ft. or less (single site visit only)
$28.75 for each additional 1 - 500 sq. ft.
Certificate of Occupancy....$28.75 Ea.

Check# ________________ Cash ____________ Total Amount Received: $________________________
Payment Received by: ____________________________

Name of Applicant (Clearly Print): ________________________________

Signature of Applicant: ____________________________ Date: ____________________________