McMillen Engineering, Inc. 115 Wayland Smith Drive Uniontown, PA 15401 724-439-8110 Phone 724-439-4733 Fax

For Office Use Only	
Received by:	
Date:	
Amount Paid:	
Check #	

UNIFORM CONSTRUCTION CODE (UCC) APPLICATION for OCCUPANCY PERMIT

(Foster Care and Dom Care)

Location of	Facility				
		M 11 10	D:		
Street Addres Directions:	iS	Municipality	Dis	strict, Map & Lot #	
Directions.					
Applicant Ir	nformation				
Last Name		First Name	Da	lytime Phone #	
Mailing Addre	ess	City	State	Zip	
Type of Car	'e				
	Foster Dom C	Care (up to 3 individuals)			
Please read	the below statemer	nts prior to signing:			
de	 The Applicant certifies that all information on this application is true and correct. Should it be determined that any of the information on this Application be false, said application and/or Occupancy Permits will be revoked and shall become null & void. 				
	 The Applicant acknowledges that two (2) inspections are required and all necessary conditions must be met before an Occupancy Permit can be issued. 				
Signature o	of Applicant		Date		