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BUILDING DIVISION

OCCUPANCY PERMIT APPLICATION

Location (exact street address)	Business Name		
Proposed use	Current use (or pre	evious use if vacant)	
Tax Map Parcel #			
What part of building will you occupy?	Is the space now vacant? Yes No	If vacant, how long?	
Are any improvements being made to the existing building: If so specifically state below:			
Applicant	Owner	Tenant	
Name:	Name:	Name:	
Address:	Address:	Address:	
City:	City:	City:	
State, Zip:	State, Zip:	State, Zip:	
Email/Phone:	Email/Phone:	Email/Phone:	
Design Occupant Load	(provide square footage of sp	ace)	
Mail Occupancy Permit to (check one)	Applicant	Tenant	_ Owner
NATI III (d. 1			
Who will meet the Inspector	Applicant	Topont	Owner
at property (check one)	Applicant	Tenant	_ Owner
Name of Business to be on the Occupancy Permit:			
The undersigned understands that completion of this form does not allow occupancy of the premises.			
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		.	
Signature of Applicant		Date	
Signature of property Owner if different th	an Applicant	Date	
Any additional required inspection shall be charged an additional inspection fee.			
FOR OFFICE USE ONLY			
RECEIVED BY:			
DATE:			
AMOUNT PAID:			
CHECK#			

NOTICE

READ CAREFULLY REGARDING A CHANGE IN OCCUPANCY

Please contact the McMillen Engineering, Inc. (724-439-8110 or 1-800-242-1244) to schedule the inspection with a 48 hour notice:

- 1. All fees must be paid prior to inspection.
- 2. A Certificate of Occupancy cannot be issued without all required Inspector signatures.

INSPECTION REQUIREMENTS:

The following items will be inspected for compliance at a minimum with the **most recently** adopted International Building Code, International Existing Building Code, ANSI ICC A117.1-Accessible and Usable Buildings and Facilities (and as amended). Copies of these codes are available through the International Code Council by visiting their website at www.iccsafe.org.

Based on the type of occupancy use, there is a possibility that additional inspection items may be required.

- ADA Accessibility: Accessible parking, accessible path, accessible restroom & facilities, accessible egress/and signage with raised lettering and braille at exists, restrooms, and major interior rooms.
- 2) EXIT Signage: installed and illuminated at egress exits.
- 3) Smoke Detectors: installed and located in all required locations and functioning properly.
- 4) Emergency Lights: are functioning and an adequate amount are provided to illuminate all egress paths.
- 5) Fire Extinguishers: provide the correct type, size, quantity, and existing extinguishers are current with the inspection tag.
- 6) All existing plumbing, heating, air conditioning, and electrical systems are properly functioning.