

BOROUGH OF IRWIN

Phone (724)864-3100

fax(724)864-3108

424 MAIN STREET

IRWIN, PA 15642

OCCUPANCY PERMIT APPLICATION

COMMERCIAL _____ INDUSTRIAL _____ DATE _____

PROPOSED BUSINESS _____ PHONE: _____

ADDRESS _____

BUSINESS OWNER: _____ PHONE: _____

ADDRESS: _____

BUILDING OWNER: _____ PHONE: _____

ADDRESS: _____

PURPOSE: 1. OCCUPANCY OF A BULIDNG OR LAND PREVIOUSLY VACANT _____

CHECK ONE 2. OCCUPANCY OR USE OF A NEW BUILDING OR STRUCTURE _____

LOCATION: _____
NUMBER AND STREET ZONING DISTRICT

PRIOR USE: _____

PROPOSED USE: _____

DESCRIPTION OF PRODUCT OR SERVICE _____

APPLICATION FEE \$100.00 CHECK _____ CASH _____

* THE REQUIREMENTS FOR THIS PERMIT ARE IN ADDITON TO ALL OTHERS REQUIRED BY LAW OR REGULATION

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN, I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

SIGNATURE OF APPLICANT

.....
BOROUGH OF IRWIN USE ONLY

APPLICATION APPROVED _____ APPLICATION REJECTED _____ DATE _____ PERMIT # _____

LAND USE NO. _____

BASIS FOR REJECTION: _____
