



Borough of Plum Commercial Occupancy Permit Application

DATE SUBMITTED: _____

No. of Stories: _____
Total Sq. Ft.: _____
Lot & Block: _____

Zoning District: _____
Zoning Use: _____
Permitted Use or Conditional Use (circle one)

1. BUSINESS:

Name of the New Business: _____

Primary function of the New Business: _____

Name of the Previous Business: _____

Primary function of the Previous Business: _____

Site Address _____

City _____ State _____ Zip _____

2. IBC - USE GROUP - New Business: _____ Previous Business: _____

*** If a change in use has occurred, the owner will be required to obtain a UCC Certificate of Occupancy.**

3. ESTIMATED COST OF WORK: _____

4. OWNER: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone _____

Fax _____

E-mail _____

5. PRINCIPAL CONTRACTOR: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone _____

Fax _____

E-mail _____

THE ABOVE INFORMATION SUBMITTED IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL THE PROVISIONS OF THE BOROUGH'S UNIFIED DEVELOPMENT ORDINANCE AND ADOPTED BUILDING CODES SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Owner (Please Print)

Owner's Signature

THE PROVISIONS OF THE PA UNIFORM CONSTRUCTION CODE (UCC), THE PLUM BOROUGH UNIFIED DEVELOPMENT ORDINANCE AND THE ORDINANCE(S) ENACTING THE PA UCC MUST BE STRICTLY COMPLIED WITH.

***A separate sign permit application is required for any proposed signs.**

DO NOT WRITE BELOW THIS LINE

APPROVED BY:

Zoning Official

Building Official