

Single Family Dwelling Occupancy Permit

Residential

Borough of Plum



2000 Mike Thomas Way
Pittsburgh, PA 15239
(412)795-6800 – phone
(412)793-4061 – fax
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BOROUGH OF PLUM
2000 Mike Thomas Way / Pittsburgh, PA 15239
412 795-6800 ext. 4504

Submittal Requirements for a "Certificate of Occupancy"

*A completed application shall be submitted a minimum of five (5) business days prior to an expected inspection date scheduled by The Borough of Plum Building Inspection Department.

*The inspection fee of **\$100.00** must be paid at the time of submittal in the form of a check or cash. Checks should be made payable to: **Borough of Plum**.

THE FOLLOWING IS A LIST OF ITEMS THAT WILL BE INSPECTED

- house identification number that is a minimum of 3" in height visible from the street
- functioning smoke detectors in **ALL** bedrooms, the immediate vicinity of all sleeping areas, and on each level of the structure installed a minimum of 4" from all corners
- functioning CO detectors centrally located in the vicinity of all bedrooms and fossil fueled appliance areas
- handrails on all steps with more than 4 risers must be code compliant (decks included)
- guards on all elevated walking surfaces greater than 30" above the grade below must be code compliant (basement stairs, decks, etc.)
- porches, decks, balconies, and stairs shall be in good repair
- operating exterior doors that are side hinged that are operable from the inside without the need for a key or any special knowledge or effort
- all "enclosed" (has a door and is capable of storage spaces under stairs shall be completely enclosed with ½" gypsum board on the walls and ceilings
- bedrooms must have functioning windows with screens on them
- the electrical service shall be 120/240 volt not less than 60 amps and in good repair
- all kitchen counter tops, bathrooms, garage wall, washer/dryer, and exterior plugs shall be GFCI; the power shall be on at that time of inspection and access to all plugs shall be available (we will not move toasters, coffee makers, chairs, grills, etc.)
- you will be required to flush all toilets at the time of inspection and the water must be on
- garages with living space above shall have gypsum board on the ceiling (5/8' type X for new installation)
- the wall between the garage and the residence shall be ½" gypsum, block, or the equivalent
- there shall be no holes/vents in ductwork, walls, and ceiling in the garage
- the door between the garage and basement shall be 1-3/8" solid wood or steel honeycomb
- a relief valve shall be installed on the hot water tank with a pipe that extends to a maximum of 6" above the floor or into a drain
- the hot water tank vent shall be fastened together with screws
- the furnace gas shut off valve shall be accessible w/o moving the furnace or another appliance
- gas dryer vents shall exhaust to the exterior, be clear of lint, and shall not be screwed together
- all HVAC and cold air return vents shall be free from obstructions
- all swimming pools shall be code compliant
- there shall be no visible rodent or insect damage

***Please check ALL the above items prior to scheduling your inspection.**



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Residential Occupancy Application

Property Address: _____ _____		Apt. No: _____
Current Owner: Name: _____ Address: _____ Phone: _____ E-Mail: _____	New Owner: Name: _____ Address: _____ Phone: _____ E-Mail: _____	
Current Use of Structure: _____	Proposed Use of Structure: _____	
Rental Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Units: _____		
Tenant: _____		Move-in Date: _____
Water: <input type="checkbox"/> Public <input type="checkbox"/> Private _____	Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private _____	
Realtor or Contact Information: Name: _____ Company: _____ Phone No: _____ Fax No: _____ Cell No: _____ Closing Date: _____ E-Mail: _____		
_____ Property Owner (please print)		_____ Property Owner's Signature
*All applications must be submitted at least (5) business days prior to the requested date of inspection.		

FOR OFFICE USE ONLY		
Zoning District: _____	Lot & Block: _____	
Zoning: Permitted Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: Correct: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Open Permits: <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____		
Open Violations: <input type="checkbox"/> Yes <input type="checkbox"/> No Violation # _____		
Fee Paid: _____	Check #: _____	
Approved by: _____		Date: _____