



CERTIFICATE OF OCCUPANCY REQUEST FORM

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownshippa.gov

To be faxed, emailed, or mailed to Tobyhanna Township when ready for final inspection

Property Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone: _____

Physical Address: _____ Subdivision: _____

Tax Map ID No.: _____ Zoning Permit No.: _____

Newly Constructed Structure: _____

<u>The following has been complied with:</u>	YES	NO	N/A
Sewer Permit (alarm on, ready for final)	___	___	___
Zoning Permit	___	___	___
International/Residential Building Code	___	___	___
Act 167 (Watershed Stormwater Management)	___	___	___
Encroachment/HOP Permit	___	___	___
Subdivision & Land Development Ordinance	___	___	___
Sign Regulations	___	___	___

By signing this application, I certify that I am aware that structures within the Township of Tobyhanna MAY NOT be used and/or occupied prior to receiving the Certificate of Occupancy. Failure to obtain said certificate PRIOR TO occupancy shall be subject to fines upon conviction in a summary proceeding.

Property Owner Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Zoning: Passed: _____ Failed: _____ Date of Inspection: _____

Re-Inspection: Passed: _____ Failed: _____ Date of Inspection: _____

Comments: _____

Zoning Officer: _____ Date: _____