



CERTIFICATE OF OCCUPANCY INCREASE REQUEST FORM

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

Property Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone: _____

Physical Address: _____ Subdivision: _____

Tax Map ID No.: _____ Original Number of Bedrooms: _____

New Total Number of Bedrooms: _____ Number of Bedrooms Increased: _____

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. _____: Dimensional floor plans of entire structure showing all rooms including where new rooms will be located.
2. _____: Issued Septic Permit for new amount of bedrooms; or Capacity Determination Letter from Wastewater Service for new amount of bedrooms.
3. _____: Application and proof of filing for Building Permit with Bureau Veritas.
4. _____: Current plot plan showing no additions or extra square footage.
5. _____: \$100.00 fee made payable to Tobyhanna Township.

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 Review: Passed: _____ Failed: _____ Date of Issuance _____

Zoning Officer: _____ Date: _____

Septic Final Inspection: Passed: _____ N/A: _____ Date of Final: _____

BV Final Inspection: Passed: _____ Failed: _____ Date of Final: _____

Comments: _____
