



CERTIFICATE OF OCCUPANCY INCREASE REQUEST FORM

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.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. _____: Issued Building Permit from 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:	_____		
Septic Final Inspection:	Passed: _____	N/A: _____	Date of Final: _____
BV Final Inspection:	Passed: _____	Failed: _____	Date of Final: _____
Comments:	_____ _____		