



BOROUGH OF PITCAIRN

COMMERCIAL OCCUPANCY PERMIT APPLICATION

609 Broadway
PITCAIRN, PA 15140-1298
PHONE: (412) 372-6500 CODE ENFORCEMENT EXT 15 FAX: (412) 373-1464
code@pitcairnborough.us
www.pitcairnborough.us

DATE _____

- All Electric & Garbage Bills MUST be Paid in Full before Occupancy Permit is issued. (Ordinance #1001)
All Occupancy Inspections are required prior to a CHANGE of Tenant, CHANGE of Ownership, or CHANGE in Use.
No structure may be occupied prior to the issuance of an Occupancy Permit; \$100 per day fine for Violation of Borough Occupancy Ordinance. (Ordinance #2018 & #978)
THE APPLICATION & INSPECTION PROCESS MAY TAKE UP TO TWO WEEKS - PLAN AHEAD
APPLICATION FEE of \$175 per Unit, check made out to Pitcairn Borough, required PRIOR to scheduling an inspection. The fee includes initial inspection and one (1) re-inspection. Failure after re-inspection will require another application and applicable fee.
NOTE: Resolution 57-2018 A fee of \$175 will be charged to the occupancy permit applicant, if a scheduled appointment is not cancelled by 4 pm of the previous regular business day. Applicant will be charged a fee of \$175 for the re-inspection of previously failed items that fail after 2 previous inspections.

All Information MUST be filled out COMPLETELY.

1. REASON FOR PERMIT (MUST [X] one)

- Change of Tenant Change of Ownership Change in Use

2. PROPERTY INFORMATION Owner or Property Manager MUST be within 15 miles of Pitcairn Borough.

Address of Property: _____

Current owner(s) Name: _____

Phone#: _____ Email: _____

Current Owner(s) mailing address: _____

Property Manager/Contact Person

Name: _____

Phone#: _____ Email: _____

3. OCCUPANCY INFORMATION Owner or Property Manager MUST be within 15 miles of Pitcairn Borough.

3a. If CHANGE IN OCCUPANT: (The Information below MUST be completed)

Full Name(s): _____

Phone#: _____ How Many Occupants?: _____ Fill out Page 2.

3b. If SALE OF PROPERTY: (The Information below, MUST be completed)

Buyer's Name: _____ Phone#: _____

Buyer's Address _____

*If the Buyer is a Bank/LLC/Business: (The Information below, MUST be completed)

Bank/LLC/Business Name: _____

Contact Person's Name: _____ Phone#: _____

Address: _____

4. CERTIFICATION: I, _____ attest that all information provided in this application is true and correct to the best of my knowledge. Please sign & date below.

Signature: _____ Date: _____

Office Use Only Below

Date Paid: _____ First Inspection Date: _____ Pass _____ Fail _____

Amount Paid: _____ Re- Inspection Date: _____ Pass _____ Fail _____

Cash Debit Check# _____ Amount Owed on Account\$ _____ Account(s) # _____

Money Order# _____

**THIS PART OF THE APPLICATION MUST BE FILLED OUT
BY THE BUYER(S) AND/OR TENANT(S), AGE 18 AND OVER**

All Buyer(s) and/or Tenant(s), age 18 and over, **MUST** sign below, acknowledging that they shall register with Keystone Collection Group at 724-978-0300, for current Earned Income Tax and Local Services Tax Collection. Applicant understands that failure to pay such taxes when due may result in revocation of this permit. Applicant acknowledges that Pitcairn Borough will transmit a copy of the Application to Keystone Collection Group to assure tax compliance. *(Print all Information, except signature)*

Date: _____

Name: _____
First Name Middle Initial Last Name

Address: _____

Social Security Number: _____

Buyer/Tenant Signature: _____
(Signature Required)

Date: _____

Name: _____
First Name Middle Initial Last Name

Address: _____

Social Security Number: _____

Buyer/Tenant Signature: _____
(Signature Required)

Date: _____

Name: _____
First Name Middle Initial Last Name

Address: _____

Social Security Number: _____

Buyer/Tenant Signature: _____
(Signature Required)

If more space is needed to print information,
please copy this page.