

NO. _____

TOWNSHIP OF SOUTH STRABANE
CERTIFICATE OF OCCUPANCY
APPLICATION

LOCATION: _____

PERMITTED USE: _____

OWNER: _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE: _____

LESSEE: _____

ADDRESS: _____

CITY: _____

STATE: _____

PHONE: _____

APPLICANT

SIGNATURE: _____

ZONING DISTRICT: _____

FIRE MARSHALL APPROVAL: _____

MUNICIPAL OFFICER: _____

FEE: _____

PAID: _____

DATE: _____