

Associated Building Inspections

1248 West Main Street • Suite 23 • Ephrata, PA 17522 Phone: 717.733.1654 www.weknowcodes.com

• Application for Change of Occupancy Certificate •

Applicant shall complete the top section of this form and return it to the Municipality for issuance of a Certificate of Occupancy (CO).

The application will be emailed to permits@weknowcodes.com at Associated Building Inspections (ABI) for review and approval. Should ABI require more information, you will be contacted at the numbers/email you have provided. When approval has been obtained, ABI will notify the municipality, and applicant, by email with the fees that are to be collected and the inspectors contact information. The applicant is responsible to contact the inspector for all inspections.

• To be c	completed by the applicant	 Please print legi 	bly •	
City:	Municipality:		Date:	
Applicant Name:	1.1011101101101	Contact #:	2	
Applicant address:		-		
Applicant e-mail:				
Business Name:		Contact #:		
Business Address:		·		
Property Owner:		Contact #:		
Property owner address:				
Do you have access to any prior oc			Yes:	No:
What type of business will be oper	ated from this location? Plea	se explain below.		
Does this business involve the use or storage of hazardous materials? If hazardous materials are used or stored provide quantities and MSDS sheets Will any space be re-configured? Are there accessible facilities available on the property? Is this a multi-story building?		Yes: Yes: Yes: Yes:	No: No: No: No:	
Does the building have sprinkler or fire protection systems?			Yes:	No:
Has zoning approval been obtained for this business at this location?			Yes:	No:
How many employees will be worl	king at this location?			
• To be	completed by Associated B	Suilding Inspection	ıs •	
Date application received:				
Application reviewed by:				
Application approved:	Yes:	No:		Date:
C/O issue date:	Code Of	ficial:		
	Contact 1	No:		
	Contact	10.		