

Center Township

150 Henricks Road, Butler, PA 16001-8472 Phone: 724.282.7805 Option 2 Fax: 724.282.6550

Change of Use and/or Change of Occupancy Application

Provide accurate information per the IEBC and/or IBC

Date:	
Applicants Name:	Phone Number:
Address of Applicant:	
Property Owners Name:	Phone Number:
Address of Occupancy Change:	
Parcel #	Zoning District: Previous Occupancy Group:
Type of Construction: () IA () IB	() IIA () IIB () IIIA () IIIB () IV () VA () VB
No Alterations () IEBC Level 1 Altera	ion () IEBC Level 2 Alteration () IEBC Level 3 Alteration ()
Fire sprinkler provided: Yes No	
() F-2 /() H-1 () H-2 () H-3 (() R-2 () R-4 / () S-1 /() S-2 /	
Separate permits	are required for any Additions, Alterations or Repairs
Description of Structure: Width:	Length Total Area: Stories
Occupancy Load: Number of I	xits: Number of Parking stalls provided:
Number of Restrooms:	
General Description of new Operations:	
Previous use of Property:	
grant approval to violate any of the provisio law; and that this permit shall not prevent provisions during field inspections. This	on this application is accurate and correct. I recognize that the issuance of this permit sha s of the building codes or zoning ordinances enforced by this jurisdiction, county, state, for he building official from requiring construction to be in compliance with all applicable building shall comply with the latest building code requirements for structural, elec ly latest adopted codes at the time a permit is issued. A separate building permit applicate
Applicant Signature:	Date:
Owners Signature:	Date:

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