

CITY OF SCRANTON

Department Of Permits, Inspections & Licensing

Application for Certificate of Occupancy

Owner's Name: _____

Owner's Address: _____

Address of Building: _____

Intended use of Structure: _____

Building has been utilized for this use for how many years?: _____

Name and Address of Person requesting Certificate: _____

Please supply the following permit information, where applicable:

Permit Number

Issue Date

Building: _____

Plumbing: _____

Electrical: _____

HVAC/Mechanical: _____

Applicant's Signature

Date