

**JACKSON TOWNSHIP**  
**APPLICATION FOR USE/OCCUPANCY CERTIFICATE**  
**COMMERCIAL/INDUSTRIAL**

Application Date: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Check No. \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Property Owner/Manager/Principal: \_\_\_\_\_

Building Permit No. \_\_\_\_\_ Occupant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Previous Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**FOR TOWNSHIP USE ONLY**

Construction Type

- ☐ Fire Resistant Fire Hydrants On Site: ☐ Yes ☐ No, If no, nearest fire hydrant(s) \_\_\_\_\_' ☐ Yes ☐ No Sprinkler System, Last Tested \_\_\_\_\_
- ☐ Non-Combustible ☐ Knox Box ☐ Street Address Clearly Marked
- ☐ Ordinary Construction ☐ Kitchen Facilities \_\_\_\_\_ ☐ Lunch Room Facilities \_\_\_\_\_
- ☐ Heavy Timber \_\_\_\_\_ No Parking Spaces Available Handicap Accessible ☐ Yes ☐ No
- ☐ Wood Frame (Light Weight)

\_\_\_\_\_ Total Sq Ft \_\_\_\_\_ Sq Ft Storage \_\_\_\_\_ Sq Ft Processing/Mfg

\_\_\_\_\_ Number of Occupants Allowed for Approved Use ☐ Yes ☐ No Occupancy Limit Posted:

\_\_\_\_\_ Number Offices \_\_\_\_\_ Training Room(s) \_\_\_\_\_ First Aid Room(s)

\_\_\_\_\_ Emergency Wash Stations \_\_\_\_\_ Men's Restroom(s) \_\_\_\_\_ Women's Restroom(s)

**Yes No N/A**

- ☐ ☐ ☐ Built in accordance with approved plan
- ☐ ☐ ☐ Proposed use complies with Zoning Ordinance (or has ZHB Var ☐ or SE ☐ Approval)
- ☐ ☐ ☐ Jackson Twp Sewer Authority Connection Permit No. \_\_\_\_\_, inspected by \_\_\_\_\_ on \_\_\_\_\_.
- ☐ ☐ ☐ Approved On-Lot Sewage Disposal System.
- ☐ ☐ ☐ Well capped w/Well Driller's Name, Depth of Well and Depth of Casing \_\_\_\_\_ ft, \_\_\_\_\_ ft.
- ☐ ☐ ☐ Is potable water to be treated? If so, for \_\_\_\_\_.

- ☐ ☐ ☐ Served by York Water Company
- ☐ ☐ ☐ Electrical Service Functional? \_\_\_\_\_ Number of Electrical Panels \_\_\_\_\_ AMP Service
- ☐ ☐ ☐ HVAC Complete? Heat with \_\_\_\_\_. Tank Yes ☐ No ☐ Location \_\_\_\_\_
- ☐ ☐ ☐ Meets International Fire Code? If not, explain back. ☐ Yes ☐ No Received Fire Marshal's Emergency Approva
- ☐ ☐ ☐ Fire Exits \_\_\_\_\_ How Many (show on diagram on back)
- ☐ ☐ ☐ Fire Exits Unlocked
- ☐ ☐ ☐ Fire Extinguishers Installed \_\_\_\_\_ How Many? Where (show on diagram on back or on Pre-incident Survey)
- ☐ ☐ ☐ Smoke Detectors
- ☐ ☐ ☐ Fire Suppression System \_\_\_\_\_, inspected by \_\_\_\_\_ on \_\_\_\_\_
- ☐ ☐ ☐ Fire Alarm System? Tested \_\_\_\_\_? By: \_\_\_\_\_
- ☐ ☐ ☐ Adequate Emergency Lighting
- ☐ ☐ ☐ Adequate Aisle Width ( \_\_\_\_\_ ')
- ☐ ☐ ☐ Combustible Storage Area? Contained ☐ Yes ☐ No
- ☐ ☐ ☐ Compressed Gas Cylinder Storage? Contained ☐ Yes ☐ No
- ☐ ☐ ☐ Hazardous Storage Area Contained ☐ Yes ☐ No
- ☐ ☐ ☐ Approved Final Inspection from Commonwealth Code Inspection Service?
- ☐ ☐ ☐ Construction debris cleared?

Miscellaneous Issues: \_\_\_\_\_

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Inspected By: \_\_\_\_\_ On: \_\_\_\_\_

Approved On: \_\_\_\_\_ Denied on \_\_\_\_\_ with ground of refusal attached