

JACKSON TOWNSHIP APPLICATION FOR USE/OCCUPANCY CERTIFICATE RESIDENTIAL

Tax Map _____ Parcel _____ Property Owner Name: _____
 Building Permit No: _____ Applicant Signature: _____
 Property Address _____ Application Date: _____
 Previous Use: _____ Proposed Use: _____

BELOW THIS LINE - FOR TOWNSHIP USE ONLY

- Single Family Dwelling Multi Family Dwelling Manufactured Home
- Deck over 30" in Height Above Ground Pool In-ground Pool w/fence
- Spa/Hot Tub Accessory Structure over 1000' Single Family Addition
- Electrical Service Upgrade _____ AMP Service PV Solar System

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Built in accordance with submitted Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proposed use complies with Zoning Ordinance (or has ZHB Var <input type="checkbox"/> or SE <input type="checkbox"/> Approval.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jackson Twp Sewer Authority Connection Permit No. _____, inspected by _____ on _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved On-Lot Sewage Disposal System (Min 100' from Well) in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Well cover - overlapping cover in place (minimum 2" extension over outside). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Well capped w/Well Driller's Name, Depth of Well and Depth of Casing.
_____ ft. _____ ft. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Acceptable potable water analysis? By: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is potable water to be treated? If so, for _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | York Water Company Service in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electric service functional? _____ amp service? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC complete? Heat with _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway (25' Minimum) paving complete? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved Final Inspection from Commonwealth Code Inspection Service? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction debris cleared. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Property seeded with ground cover? |

Miscellaneous Issues:

Inspected By: _____ On _____

Approved On: _____ Denied on _____ with reason attached.

Copy Mailed/Provided to Owner on: _____ Fee : \$ 25.00