



K2 ENGINEERING, INC.  
234 Pittsburgh Street  
Uniontown, PA 15401  
724-439-3440 Phone  
724-439-3144 Fax

**REQUIRED CONTACT INFORMATION FOR SUBMITTAL**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ Phone  Email

**PARTY RESPONSIBLE FOR PAYMENT (IF DIFFERENT FROM ABOVE)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
CO NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_ Phone  Email

Please check how you would like to be contacted.

**UNIFORM CONSTRUCTION CODE (UCC)  
APPLICATION FOR OCCUPANCY PERMIT**

**RESIDENTIAL OR COMMERCIAL (Please Circle One)**

**(NOTE: Incomplete or Illegible applications cannot be processed.)**

**Please fill in all applicable information. If not, please write N.A.**

**SITE INFORMATION**

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_ PARCEL ID \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPOSED USE \_\_\_\_\_ PROPOSED BUSINESS NAME (Print Legibly for CO Document) \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

Yes  No

CURRENT USE (or previous use if vacant) \_\_\_\_\_ IS SPACE VACANT? \_\_\_\_\_ IF YES, FOR HOW LONG? \_\_\_\_\_

**PROPOSED OCCUPANCY CLASSIFICATION (If mixed use, check all that apply.)**

ASSEMBLY	BUSINESS	HIGH HAZARD	INSTITUTIONAL	MERCANTILE
A-1 <input type="checkbox"/>	B <input type="checkbox"/>	H-1 <input type="checkbox"/>	I-1 <input type="checkbox"/>	M <input type="checkbox"/>
A-2 <input type="checkbox"/>	EDUCATIONAL	H-2 <input type="checkbox"/>	I-2 <input type="checkbox"/>	STORAGE
A-3 <input type="checkbox"/>	E <input type="checkbox"/>	H-3 <input type="checkbox"/>	I-3 <input type="checkbox"/>	S-1 <input type="checkbox"/>
A-4 <input type="checkbox"/>	FACTORY	H-4 <input type="checkbox"/>	I-4 <input type="checkbox"/>	
A-5 <input type="checkbox"/>	F-1 <input type="checkbox"/>	H-5 <input type="checkbox"/>		
	F-2 <input type="checkbox"/>			

**EXPLAIN IN DETAIL WHAT PORTION OF STRUCTURE WILL BE OCCUPIED: i.e. How much space, what floor(s), etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION**

Company Name Mailing Address

Contact Name Email Address Phone Number

I certify that as the applicant, I am the owner of record, or I have been authorized by the owner of record to submit this application and the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904, relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

SIGNATURE

DATE

**PROPERTY OWNER INFORMATION**

Company Name Mailing Address

Contact Name Email Address Phone Number

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904, relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

SIGNATURE

DATE

**INFORMATION OF BUSINESS MAKING REQUEST (If different than above.)**

Company Name Mailing Address

Contact Name Email Address Phone Number

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904, relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

SIGNATURE OF AUTHORIZED BUSINESS AGENT

DATE

Applications and related documents can be sent to [permitting@k2engineering.net](mailto:permitting@k2engineering.net).

**NOTE: IF LEASING PROPERTY, PLEASE PROVIDE A SIGNED LEASE AGREEMENT WITH YOUR APPLICATION.**