

# BOROUGH OF CHURCHILL

2300 William Penn Highway

Pittsburgh, PA 15235

412-241-7113 (Office) 412-241-0503 (Fax)

[office@churchillborough.com](mailto:office@churchillborough.com)

## Safety/Occupancy Application

**\$75.00 per unit for resident/\$125.00 per unit for commercial**

Date of Application: \_\_\_\_\_ Occupancy Permit #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ credit card: \_\_\_\_\_

Application for: \_\_\_\_\_ Residential (Single Family Dwelling) Fee: \_\_\_\_\_  
\_\_\_\_\_ Residential (Multi Family Dwelling) Fee: \_\_\_\_\_  
\_\_\_\_\_ Commercial No. of Units: \_\_\_\_\_ Fee: \_\_\_\_\_

Commercial - Present Use: \_\_\_\_\_

Commercial - Proposed Future Use: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street City State Zip

Property Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

**Information about BUYER/RENTER: "THIS INFORMATION MUST BE ACCURATE, COMPLETED, AND IN FULL OR THIS APPLICATION WILL NOT BE ACCEPTED."**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Work Cell

**\*\*The applicant certifies that the above information is complete, true, and correct to the best of their knowledge.**

**\*\*The BUYER/RENTER must agree to comply with the provisions of Churchill Borough's ordinances, codes, and regulations, and all other applicable laws of the Allegheny County, Commonwealth of Pennsylvania, whether or not specified in this application.**

**\*\*The BUYER/RENTER must agree that if a temporary occupancy/safety permit is issued, the permit maybe revoked by administrative action of the borough, if compliance with the inspection report is not completed within the given time. The property will be condemned and all parties must vacate the above address, until all inspections are completed. "NO NOTICE WILL BE GIVEN TO THE OCCUPANT WHEN THE HOUSE WILL BE CONDEMNED."**

Signature of BUYER/RENTER only: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_

First Inspection: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Date: \_\_\_\_\_  
Second Inspection: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING CODE OFFICER: \_\_\_\_\_