

**JACKSON TOWNSHIP CAMBRIA COUNTY PENNSYLVANIA
USE AND OCCUPANCY PERMIT APPLICATION**

Date:_____

Name:_____

Address:_____ Phone:_____

Property location (if different):_____

Date of original permit:_____

Date work completed:_____

Description of permitted work:_____

I certify that all work in the permit referred to above has been completed in a competent and workmanlike manner and the property covered by the permit is ready to be safely utilized for purpose of:_____

Applicants Signature

(For Township Use Only)

Zoning District:_____

Use and Occupancy of the property is (granted / denied) for the purposes set forth above. If denied, state reason:_____

Date:_____

Approval of Use and Occupancy above is a determination that the purposes proposed above are in conformity with the requirements of the Jackson Township Zoning Ordinance. Approval of Use and Occupancy is not a certification as to safety of the structures or facilities located upon the property. Nor should the certification be construed as implying that any inspection of work to determine compliance with building codes has taken place. The Township makes no representation or certification as to usability, habitability safety or suitability for use of any structure erected, repaired or modified upon the property.

By:_____

Harry Baker, Jackson Township Zoning Officer