



**CITY OF LANCASTER**  
**BUREAU OF CODE COMPLIANCE AND INSPECTIONS**  
 120 North Duke Street  
 Lancaster, PA 17602  
 (717) 291-4724

**APPLICATION FOR CERTIFICATE OF OCCUPANCY  
 FOR EXISTING NON-CERTIFIED STRUCTURES**

The undersigned hereby applies for a Certificate of Occupancy from Lancaster City, Lancaster County, Pennsylvania for the existing structure/parcel or tenant space located at:

\_\_\_\_\_  
 (Property Address) (Suite/Apt. Number) (City) (Zip Code)

Zoning Use: \_\_\_\_\_ Zoning approvals  YES  No (copies attached).  
 [List the use(s)]

Owner of Record: \_\_\_\_\_  
 [Corporate Officer(s) Must Be Listed]

Owner Address: \_\_\_\_\_

I hereby certify that I am the owner of record, or authorized agent for the owner of record, for the property listed above I authorize Lancaster City to conduct any inspections necessary to determine that all provisions of the City Zoning Ordinance and other building, fire, plumbing, mechanical and electrical codes in effect in Lancaster City have been satisfied, including those administered by Public Works.

I understand and acknowledge that no Certificate of Occupancy will be issued if violations of these Ordinances and codes exist, or if any dangerous or other unsafe condition is discovered. I furthermore agree and acknowledge that all violations and/or dangerous or other unsafe condition discovered must be abated within the timeframe prescribed by the City, and failure to abate identified violations and/or unsafe conditions may result in legal action against the owner of record for the property.

I further agree to hold Lancaster City or its agents harmless for any defects or deficiencies not noted or discovered on or within any premises herein described.

I further understand and acknowledge that the issuance of a Certificate of Occupancy shall not prevent the City or any authorized representative from requiring the correction of any nonconforming or dangerous or other unsafe condition that is discovered after the issuance of a Certificate of Occupancy.

Applicant: \_\_\_\_\_

The applicant is in which of the following categories:

Print Name \_\_\_\_\_

- ] The owner of the property for which the application is made.
- ] An authorized agent for the owner of record for the property for which the application is made.

Signature of Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**APPLICANT'S SIGNATURE REQUIRED BEFORE PROCESSING OF THIS APPLICATION.**

**For Office Use Only**

For existing commercial structures - \$175.00. For existing residential structures - \$60.00 plus \$4 state fee  Cash  Check # \_\_\_\_\_

Inspection Date & Time: \_\_\_\_\_

Code Official Approvals By: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Health Officer Approvals By: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**STAFF - ATTACH A COPY OF THE CERTIFICATE OF ZONING APPROVAL AND C/O TO THIS APPLICATION**