

Luzerne Borough
570-287-7633
Fax 570-287-7842

CERTIFICATE OF OCCUPANCY APPLICATION

DATE: _____

THIS IS FORMAL APPLICATION TO OCCUPY OR USE THE STRUCTURE LISTED HERE: _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS OF OWNER: _____

NAME OF LESSEE: _____

ADDRESS OF LESSEE: _____

TRADE NAME OF BUSINESS: _____

SPECIFY USE OF BUSINESS: _____

IF RESIDENTIAL USE, NUMBER OF UNITS BUILDING: _____

Being the person making the above application in behalf and with the full authority of the owner of the above-mentioned property, and that the statements made are true and correct.

APPLICANT: _____

IN BEHALF OF: _____

I have this day received and examined the application and find it is in accordance with the ZONING ORDINANCE OF THE MUNICIPALITY OF LUZERNE.

CODE ENFORCEMENT OFFICER

DATE