

**ASHLEY BOROUGH**  
**CERTIFICATE OF OCCUPANCY APPLICATION**

**ADDRESS TO BE INSPECTED** \_\_\_\_\_

**CONTACT PERSON TO SCHEDULE INSPECTION**

**NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

APPLICATION FEE RESIDENTIAL: 1<sup>ST</sup> INSPECTION \$100    MULTIPLE INSPECTIONS OF MULTI  
FAMILY UNITS AT SAME VISIT \$ 55.00 PER UNIT

FAILURE TO PASS INSPECTION ON THE 1<sup>ST</sup> VISIT WILL RESULT IN A LIST OF ITEMS TO BE CORRECTED. FAILURE TO PASS  
SECOND VISIT INSPECTION AFTER LIST WAS ISSUED WILL RESULT IN INITIAL FEE TO BE PAID FOR SUBSEQUENT  
INSPECTIONS

**OWNER'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

OWNER'S NAME MUST MATCH NAME ON FILE WITH LUZERNE COUNTY TAX OFFICE

**OWNER'S ADDRESS** \_\_\_\_\_

**OWNER'S CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PROPERTY MANAGER'S NAME** \_\_\_\_\_

**PROPERTY MANAGER'S CONTACT NUMBER** \_\_\_\_\_

**IS THE STRUCTURE:**    SINGLE FAMILY HOME \_\_\_\_\_    MULTI-FAMILY \_\_\_\_\_  
**BUSINESS** \_\_ **TYPE OF BUSINESS** \_\_\_\_\_ **NUMBER OF EMPLOYEES** \_\_\_\_\_

**HOW MANY APARTMENTS OR TENANT SPACES IN STRUCTURE** \_\_\_\_\_

**HOW MANY OCCUPANTS IN UNIT TO BE INSPECTED** \_\_\_\_\_

**IF MULTIPLE UNITS ARE TO BE INSPECTED ATTACH A SEPARATE PAGE FOR EACH UNIT**  
**PROVIDE LIST OF NAMES AND AGES OF EACH TENANT IN UNIT**

1. NAME :	_____	AGE	_____
2. NAME :	_____	AGE	_____
3. NAME :	_____	AGE	_____
4. NAME :	_____	AGE	_____
5. NAME :	_____	AGE	_____
6. NAME :	_____	AGE	_____

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OCCUPANCY PERMIT ISSUED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OCCUPANCY PERMIT #** \_\_\_\_\_