



Code Enforcement Department

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APPLICATION FOR CERIFICATE OF OCCUPANCY FOR A RENTAL UNIT

PROPERTY INFORMATION		
Address:	Unit / Apt #:	Tax Parcel:
Occupancy type: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Multi-Family Dwelling/Apartment <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		
APPLICANT		
Name:	Phone:	
Address:	Email:	
PROPERTY OWNER		
Property Owner:	Phone:	
Address:	Email:	
PROPERTY MANAGER *		
Name:	Phone:	
Address:	Email:	
* If property owner resides more than fifteen (15) miles from White Oak Borough, provide and designate a property manager who resides within fifteen (15) miles of White Oak Borough.		
TENANT		
Name:	Phone:	
Address:	Email:	
**Business Name:	**Business type:	
**Complete for commercial and industrial rentals.		
CONTACT PERSON <small>(Person having access to the structure & property)</small>		
Name:	Phone:	
CERTIFICATE INFORMATION		
Certificate of Occupancy to be: <input type="checkbox"/> Mailed to applicant <input type="checkbox"/> Mailed to owner <input type="checkbox"/> Mailed to Manager <input type="checkbox"/> Picked up <input type="checkbox"/> Emailed to: _____ <input type="checkbox"/> Faxed to () -		
Notice: All applications / inspections become void Thirty (30) days from date of application / inspection. No structure may be occupied prior to the issuance of a Certificate of Occupancy.		
SIGNATURE		
Signature of applicant: X	Date:	
Fees: Single family dwellings \$75.00 * Two-family dwelling \$100.00 includes 1 re-inspection, additional re-inspections \$50.00 Commercial & Industrial \$125.00 per unit or building includes 1 re-inspection per unit, all additional re-inspections \$75.00.		
*****BOROUGH USE ONLY*****		
Date received:	Amount paid: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check / MO <input type="checkbox"/> Credit card
Appointment for inspection:	@ _____ A.M. / P.M.	Inspection results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Appointment for re-inspection:	@ _____ A.M. / P.M.	Inspection results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Issued: <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Temporary Occupancy Expires: _____ <input type="checkbox"/> Temporary Access Expires: _____		

INCOMPLETE APPLICATIONS OR OBSOLETE FORMS WILL BE REJECTED

Revised 01-2024