



CITY OF YORK, PENNSYLVANIA
C. Kim Bracey, Mayor

APPLICATION FOR
CERTIFICATE OF USE AND OCCUPANCY

PLEASE READ CAREFULLY PRIOR TO COMPLETING THIS FORM

Inspections will be scheduled only after all work, if any is completed. This inspection is to ensure that the property meets the minimum requirements of all applicable codes. Under no circumstances may you occupy the premises prior to the issuance of a Certificate of Use and Occupancy. Plans, if any must be reviewed and approved and all required permits obtained prior to applying for the Certificate of Use and Occupancy.

●●●● THIS IS A NON-REFUNDABLE FEE ●●●●

This fee includes one (1) inspection. There will be an additional fee charged for each re-inspection. All required fees must be paid prior to an inspection being scheduled. Inspections that are cancelled by the applicant with less than one (1) week notice shall count as one (1) inspection.

In the event that any violations are found during the inspection a copy of the inspection report will be provided to you. A Certificate of Use and Occupancy will be issued only after any and all violations have been corrected and verified by re-inspection.

Please note that a Certificate of Use and Occupancy is evidence of compliance with all applicable codes and ordinances of the City of York, Pennsylvania at the time of inspection and should not be relied upon as a guaranty of the present condition of the property.

Certificate of Use and Occupancy Inspection Fees		Certificate of Use and Occupancy Re-Inspection Fees	
Up to 2,000 sq. ft.	\$85	Up to 2,000 sq. ft.	\$50
2,001 to 4,999 sq. ft.	\$145	2,001 to 4,999 sq. ft.	\$75
5,000 to 10,000 sq. ft.	\$200	5,000 to 10,000 sq. ft.	\$100
Greater than 10,000 sq. ft.	\$340	Greater than 10,000 sq. ft.	\$125
Administrative fee	\$35		

ADDRESS: _____
STREET CITY STATE ZIP CODE

BUSINESS NAME: _____ Y.A.T.B. ACCOUNT #: _____

PREVIOUS I.B.C. USE: _____ PROPOSED I.B.C. USE: _____

PERMIT NUMBER(S) IF ANY: _____ PERMIT HOLDER: _____

TOTAL BUILDING SQ. FT: _____ WORK AREA SQ. FT: _____

CONSTRUCTION TYPE: _____ OCCUPANT LOAD: _____ INSPECTION FEE: \$ _____

OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____
STREET CITY STATE ZIP CODE

APPLICANT: _____ PHONE: _____

APPLICANT ADDRESS: _____
STREET CITY STATE ZIP CODE

CONTACT PERSON FOR INSPECTION: _____ PHONE: _____

BUILDING OWNER'S SIGNATURE: _____ DATE: _____

APPLICANTS'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DISTRICT: _____ WARD: _____ BLOCK: _____ PARCEL: _____

MINOR: _____ LH: _____ PROPOSED USE: _____

VERIFIED BY: _____ DATE: _____