



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 Industrial Boulevard, Suite 400A

Lewisburg, PA 17837

Application for Certificate of Occupancy

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Municipality: _____ County: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Describe Use of Building: _____

Best Day & Time of Inspection: _____

Does the Building Have Sprinklers? Yes No (If "Yes," please provide a copy of a sprinkler test)

Does the municipality have Zoning? YES No (If "Yes," please provide a copy of the zoning approval)

\$100.00 Application/Inspection Fee due before inspection will be scheduled. Make checks payable to "CKCOG"