

LOWER WINDSOR TOWNSHIP USE & OCCUPANCY APPLICATION

Please complete upon full completion and all approved inspections/finals for the project.

DATE OF ISSUANCE _____ PERMIT # _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

SITE ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP: _____

Original Estimated Cost: \$ _____ Actual Cost after completion: \$ _____

Permit Fee Paid: \$ _____ Required Fee: \$ _____

Balance/Refund Due: \$ _____

Construction on the above reference permit has been completed and is ready for final inspection;

Signature: _____

Date: _____

****Upon receipt of this application, please allow up to TEN (10) DAYS for the Use and Occupancy Certificate.**

Please mail completed form to: Lower Windsor Township
2425 Craley Road
Wrightsville, PA 17368

Or fax to: 717-244-0746

.....
For Permit Officer Use Only

Completion report received _____ Final Inspection Date _____ Inspected by _____

Approved _____ Disapproved _____ Certificate of Use/Occupancy issued: _____

Comments: _____