BOROUGH OF DELAWARE WATER GAP

49 MAIN STREET, PO BOX 218
DELAWARE WATER GAP, PA 18327
Phone: 570-476-0331 Fax: 570-476-0380 Email: dwgboro@ptd.net

CERTIFICATE OF OCCUPANCY APPLICATION

Date: _____ Approved Zoning Permit No: _____

Name of Property Owner/ Applicant: _____

Physical Address of property:

Mailing Address: _____

_____

Contact Phone No.:

Tax ID or PIN # _____

is in a Zoning District (R-1, R-2 or Vc-1, VC-2)

Requirements:

1. Sign & notarize the attached Pennsylvania Lead-Free Plumbing Material Certification form, if applicable.
2. Sign the attached Plumbing Conservation Form as per Ordinance 230, if applicable.
3. Does the Municipal Authority have any outstanding issues? ____ yes _x___ no ____ n/a

This application does not in any way relieve the owners, or any other person or persons in possession or control of the building, or any part thereof, from obtaining such other permits or licenses as may be prescribed by law for the use or purposes for which the land or building is designed or intended: nor from complying with any lawful order issued with the object of maintaining the building or land in a safe or lawful condition.

_____ _____

Signature of Property Owner/Applicant Date