



**United Code Consultants**

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## REQUEST FOR DUPLICATE OR REVISED OCCUPANCY PERMIT/CERTIFICATE

This form should be used to request duplicates or revised copies of previously issued occupancy permits or certificates (as long as no changes have been made in the building or its approved use).

All applicants should check one of the boxes in Part A and fill in all the information requested in Parts B and C. **Failure to complete these sections may result in your application being returned to you.** Part D on page 2 of this form only needs to be filled out if you are an owner or lessee and are seeking a revised Fire and panic Occupancy permit. When filling in part D, please be as specific as possible in describing the use of the building.

**ACT 24 EXEMPTION**

|   |   |  |                                 |                                    |                                    |   |   |
|---|---|--|---------------------------------|------------------------------------|------------------------------------|---|---|
| <b>Part A:</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Fire and Panic Occupancy Permit</b></td> <td style="width: 50%; border: none;"><b>Certificate of Occupancy</b></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Duplicate</td> <td style="border: none;"><input type="checkbox"/> Duplicate</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Revision: Change in owner name, building name or address</td> <td style="border: none;"><input type="checkbox"/> Revision: Change in owner name, building name or address</td> </tr> </table> <p><b>A request for a <u>change of address</u> must be accompanied by an address form supplied by the U.S. Postal Service or the local "911" Call Center.</b></p> | <b>Fire and Panic Occupancy Permit</b> | <b>Certificate of Occupancy</b> | <input type="checkbox"/> Duplicate | <input type="checkbox"/> Duplicate | <input type="checkbox"/> Revision: Change in owner name, building name or address | <input type="checkbox"/> Revision: Change in owner name, building name or address |
| <b>Fire and Panic Occupancy Permit</b>  | <b>Certificate of Occupancy</b>   |  |                                 |                                    |                                    |   |   |
| <input type="checkbox"/> Duplicate  | <input type="checkbox"/> Duplicate  |  |                                 |                                    |                                    |   |   |
| <input type="checkbox"/> Revision: Change in owner name, building name or address | <input type="checkbox"/> Revision: Change in owner name, building name or address   |  |                                 |                                    |                                    |   |   |
| <b>Part B:</b>  | <p><b>Please be certain that the building name and address information is correct, since it will appear on the revised permit/certificate exactly as written here.</b></p> <p>Facility Name (name of company, mall, institution, university, etc.): _____</p> <p>Building and/or Tenant Name (or Building Number): _____</p> <p>Street Number and Name: _____</p> <p>City: _____ Zip Code: _____</p> <p>Political Subdivision: _____ County: _____</p> <p>Previous L&amp;I File or MA Number(s): _____</p>  |  |                                 |                                    |                                    |   |   |
| <b>Part C:</b>  | <p>Applicant Name: _____</p> <p>Street Number and Name: _____</p> <p>City: _____ Zip Code: _____</p> <p>Daytime Phone Number: _____</p> <p><input type="checkbox"/> Mail Occupancy Permit/Certificate to the address listed in this section.</p> <p><input type="checkbox"/> Email Occupancy Permit/Certificate. Email: _____</p>   |  |                                 |                                    |                                    |   |   |
| <b>Office Use Only</b>  | <p>Check #: _____ Amount: _____ Paid To: _____</p>  |  |                                 |                                    |                                    |   |   |

