

**\$75.00 Fee**

(C&O inspection is required prior to occupancy.  
Please call the Township at least 48 hours in advance  
to schedule your inspection)

**Use Permit Number** \_\_\_\_\_

(To be issued by Township)

**SPRINGETTSBURY TOWNSHIP  
1501 MT. ZION ROAD  
YORK, PA 17402  
(717) 757-3521**

**APPLICATION FOR RESIDENTIAL CERTIFICATION OF USE & OCCUPANCY**

**RESIDENCE  
ADDRESS** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Description** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that this proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all applicable regulations of this jurisdiction. Please be advised, copies of the Springettsbury Township Zoning Ordinance are available for your review and/or purchase at the Township Office. It is the applicant's responsibility to conform to all regulations put forth in the Springettsbury Township Zoning Ordinance.*

Applicant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**\*\*Mail Certificate to:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

**Zoning District** \_\_\_\_\_

**Tax Map/Parcel** \_\_\_\_\_

**Permit Number** \_\_\_\_\_

**Date Fee Paid** \_\_\_\_\_

**Check # or Cash** \_\_\_\_\_

**Final C.O. Issued By/Date** \_\_\_\_\_