

Date: _____

PEI Job No: 00-15-041- **O**

Township of Robinson PRE OCCUPANCY APPLICATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|-------------------------------|-----------------------------|--------------------------------|----------------------------|-------------------------|-----------------|-------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|----------------|--|-----|-----|-----|-----|---|---------------------|--|-----------------------|--|-------------------|--|--|
| Zoning: | <ul style="list-style-type: none"> • What is the Zoning District. _____ • Is the proposed use permitted within the Zoning District Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">1 Accessibility review only</td> <td style="width: 50%; border: none;">4 No Change in Occupancy Type</td> </tr> <tr> <td style="border: none;">2 Partial occupancy request</td> <td style="border: none;">5 Unapproved existing building</td> </tr> <tr> <td style="border: none;">3 Change of Occupancy Type</td> <td style="border: none;">6 Phased Approval</td> </tr> </table> | 1 Accessibility review only | 4 No Change in Occupancy Type | 2 Partial occupancy request | 5 Unapproved existing building | 3 Change of Occupancy Type | 6 Phased Approval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use/Occupancy classification: Check box to the left of all that apply | <table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%;">A-1</td> <td style="width: 12.5%;">A-2</td> <td style="width: 12.5%;">A-3</td> <td style="width: 12.5%;">A-4</td> <td style="width: 12.5%;">A-5</td> <td style="width: 12.5%;">B</td> <td style="width: 12.5%;">E</td> </tr> <tr> <td>F-1</td> <td>F-2</td> <td>H-1</td> <td>H-2</td> <td>H-3</td> <td>H-4</td> <td>H-5</td> </tr> <tr> <td>I-1</td> <td>I-2</td> <td>I-3</td> <td>I-4</td> <td>M</td> <td>R-1</td> <td>R-2</td> </tr> <tr> <td colspan="2">R-3 Adult Care</td> <td>R-3</td> <td>R-4</td> <td>S-1</td> <td>S-2</td> <td>U</td> </tr> <tr> <td colspan="2">No. of Floors _____</td> <td colspan="2">Sq/Ft per Floor _____</td> <td colspan="3">Total Sq/Ft _____</td> </tr> </table> | A-1 | A-2 | A-3 | A-4 | A-5 | B | E | F-1 | F-2 | H-1 | H-2 | H-3 | H-4 | H-5 | I-1 | I-2 | I-3 | I-4 | M | R-1 | R-2 | R-3 Adult Care | | R-3 | R-4 | S-1 | S-2 | U | No. of Floors _____ | | Sq/Ft per Floor _____ | | Total Sq/Ft _____ | | |
| A-1 | A-2 | A-3 | A-4 | A-5 | B | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F-1 | F-2 | H-1 | H-2 | H-3 | H-4 | H-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I-1 | I-2 | I-3 | I-4 | M | R-1 | R-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R-3 Adult Care | | R-3 | R-4 | S-1 | S-2 | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Floors _____ | | Sq/Ft per Floor _____ | | Total Sq/Ft _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Information | Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ Construction Cost \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of work to be done (check all that apply) | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">General construction</td> <td style="width: 33%;">Plumbing (by ACHD)</td> <td style="width: 33%;">Sprinkler System</td> </tr> <tr> <td>Electrical</td> <td>Heating/air conditioning</td> <td>Commercial Cooking Hood</td> </tr> <tr> <td>Phased approval</td> <td>Fire Alarm System</td> <td>Low Voltage Wiring</td> </tr> </table> | General construction | Plumbing (by ACHD) | Sprinkler System | Electrical | Heating/air conditioning | Commercial Cooking Hood | Phased approval | Fire Alarm System | Low Voltage Wiring | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Previous Use Explain Attach copy of current Certificate of Occupancy | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction Details | General construction total square feet of new construction, addition, alteration, or renovation _____ Electrical _____ Plumbing _____ Mechanical _____ Square ft. of conditioned space _____ Unconditioned space _____ Num. of stories grade _____ Height of building above street _____ Basement _____ (y/n) Square ft. or basement _____ Num. of single dwelling units _____ Multi _____ Accessible _____ Are there mezzanines _____ (Y/N) Fire suppression: full partial none Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of work | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing Info. | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner Information | Owner name _____ Address _____ Phone _____ Email _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | _____ Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* You will be contacted by an inspector to schedule a site visit.

OFFICIAL USE ONLY

| | |
|---|----------|
| Pre Occupancy Fee (To be Determined Upon Scope of Changes) | |
| \$ 50.00 | |
| \$ 100.00 | By _____ |
| \$ 300.00 | |

If your project/occupancy requires a building permit, this fee will be deducted from the Plan Review Fees charged by Plans Examiners, Inc.

PEI Fax # 412-489-5957