



CITY OF SHARON
DEPARTMENT OF FIRE-RESCUE
FIRE PREVENTION DIVISION



155 WEST CONNELLY BOULEVARD • SHARON, PA 16146
INSPECTIONS@CITYOFSHARON.NET • (724) 418-4797

COMMERCIAL CHANGE OF OCCUPANT REGISTRATION
FOR BUSINESS / COMMERCIAL OCCUPANCIES

This registration is required to be submitted to and approved by the City Fire Inspector and City Zoning Officer prior to occupancy and any commencement of construction, alterations, or operations.

Name of Proposed Business: _____ Type of Business: _____

Address of Business: _____ Main Business Phone: _____
Street City State Zip

The Business Will Occupy Floors (Check): _____ 1st _____ 2nd _____ 3rd _____ Basement _____ Other

Business Owner: _____ Email: _____

Business Owner Address: _____ Address is: Home Corporate
Street City State Zip

Business Owner Phone Number: _____
Cell Home Corporate

Total Number of Employees: _____ Expected Opening Date: _____

Property Owner: _____ Property Owner Phone Number: _____

Property Owner Address: _____
Street City State Zip

Are renovations, additions, demolitions, or alterations to building or floor plan part of this project? YES NO

If YES, contact Richardson Inspection Services, LLC and request a Building Permit Application.
If NO, an initial occupancy inspection by the City Fire Inspector is required prior to commencement of operations.

Is a Certificate of Occupancy available for the building or space to be occupied? YES NO

NOTE: If no Certificate of Occupancy can be produced for the building or space occupied by this business and a change of use is occurring, an Occupancy Inspection by the City's UCC inspection agency may be required.

NOTE: New business-related signs on the exterior of buildings require a permit from the City Code Office.

I hereby acknowledge that the above information is true and correct and that all applicable codes in effect in the Commonwealth of Pennsylvania and the City of Sharon shall be complied with:

Signature of person completing this registration Phone number Date

*****OFFICE USE ONLY*****

Approvals: Current Zoning District _____ Proposed Zoning Use _____ Conforming: Y or N

Occupancy Class: Proposed _____ Previous _____ Change: Y or N

City Zoning Officer Date

City Fire Inspector Date