Commercial Change of Tenant/Occupancy/Ownership CCO Inspection

Property Address for Sale or Rent: _____

Seller / Landlord (Circle one)
    Name: _____
    Mailing Address: _____
    Telephone #: _____
    Email Address: _____

Buyer / Tenant (Circle one)
    Name: _____
    Mailing Address: _____
    Telephone #: _____
    Email Address: _____

Agent/Representative: _____

Description of Building Use:
    Existing: _____ Proposed:_____

Name of the Proposed Business: _____

Does or will your building contain any of the following?

- ☐ Elevator/Escalator/Lift/Dumbwaiter/ Moving Walks
- ☐ High Pressure Boiler(s)
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly

- ☐ Sprinklers/Standpipes
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, spas and Hot Tubs
- ☐ LPGas Tanks
- ☐ Fire Alarm

Inspection Fee $175.00 per unit

For Office Use Only		
Amount Paid: _____ Cash _____ Check_____ Card _____		
Paid by: _____ Received by: _____		

Florence Township Inspectors

Electric	Ed Miceli	Mon & Wed	8:30am – 11:30am
Plumbing/ Mechanical	Mark Cannavo	Mon, Wed & Th	12:30pm – 4:30pm
Building	Paul Knicos	Tues	5:00pm – 7:30pm
	Geoff Maleson	Wed	12:00pm – 4:00pm
	Paul Knicos	Fri	1:00pm – 5:00pm
Fire	Tom Banyacski	Tues & Thurs	1:00pm – 4:00pm

*Times are approximate