

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY



OCCUPANCY PERMIT

THE FOLLOWING BUILDING HAS BEEN INSPECTED BY THE DEPARTMENT OF LABOR AND INDUSTRY AND HAS BEEN FOUND TO BE IN COMPLIANCE WITH THE FIRE AND PANIC LAW, (ACT 299, APRIL 27, P. L. AS AMENDED), AND THE PLANS APPROVED BY THE DEPARTMENT UNDER THE FILE NUMBER AND DATE LISTED BELOW.

EAST END AVENUE COMMERCIAL & APA
258 EAST END AV
BEAVER PENNSYLVANIA 15009

14-01-0206

APPROVAL IS FOR THE FOLLOWING CLASSIFICATION(S):

C2 GROUP HABITATION
DO ORDINARY COMMERCIAL, INDUSTRIAL, OFFICE

THIS OCCUPANCY PERMIT AUTHORIZES OCCUPANCY OF THIS BUILDING AS LONG AS THE BUILDING IS MAINTAINED IN ACCORDANCE WITH THE FIRE AND PANIC LAW, REGULATIONS AND THE PLAN APPROVAL.

FILE NUMBER	PLAN APPROVAL DATE	PLAN CODE	DRAWING INDEX	FIELD INSPECTION DATE	INDUSTRIAL BOARD VARIANCE	ACCESSIBILITY BOARD VARIANCE
000355438	09/23/1999	B	1999-11107	1-10-00		

J. E. Polis
POLIS J

INSPECTOR
646

Charles J. ...

DIRECTOR
BUREAU OF OCCUPATIONAL AND INDUSTRIAL SAFETY

Borough of Beaver

469 Third Street - Bever, Pennsylvania 15009

Phone: (412) 773-6700

OCCUPANCY PERMIT

Date 7/9/02 Fee N/A Rec'd by _____

Location 278 East End Ave. (address) 14-001-0206 (tax parcel number)

Owner & Address Ed Pinnore and Leo J. Wolfe Sr. Phone No. (724) 847-3895

Tenant, if other than owner De Bois Medical Supply Co. DBA Beaver Respiratory Care

PRESENT USE OF PROPERTY (in detail) Rental of oxygen equipment, and hospital

equipment in hospital beds, wheel chairs, nebulizers, sale of crutches, canes, walkers etc.

PROPOSED USE OF PROPERTY (in detail) _____

If construction is involved you must furnish:

- Application for Zoning Permit - Work Sheet

Person to contact _____ Phone No. _____
 Residential Commercial

WORK PROPOSED: _____

Class of Work: _____ Estimated Cost: \$ _____

New _____ Alter _____ Add _____ Repair _____ Change Use _____ Move _____ Other _____ (explain below)

Sign: _____
Size: _____ Type: _____ Value \$ _____
(sign location must be noted on plot plan or drawing(s))

Is any Structure to be demolished? yes ___ no ___ describe _____

If temporary structure is proposed, give date of removal _____

BUILDING	EXISTING	PROPOSED	BUILDING	EXISTING	PROPOSED
No. of families	_____	_____	No. of stories	_____	_____
No. of kitchens	_____	_____	No. cars, garage	_____	_____
No. of baths	_____	_____	No. off street parking	_____	_____
No. of offices	_____	_____	Constr mat'ls	_____	_____
No. of storerooms	_____	_____			

I, the undersigned owner (or authorized agent) of the property, do apply for an occupancy permit in accordance with application requirements/documentation and certify the statements herein to be true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT [Signature]

(APPROVED) (DENIED) ZONING OFFICER [Signature] Date 7-14-02