

Export Borough
Application for Occupancy Permit

(Authorized by Ordinance #2004-5)

5944 Johnson Avenue

Export, PA 15632

Permit Number: _____

Fees: _____

Inspection Date: _____

Re-Inspection Date: _____

Zoning District: _____

Residential: _____ Commercial: _____

Property Address: _____

Tenant's Name: _____

Phone Number: _____

Owner's Name: _____

Agent: _____

Owner's Address: _____

Agency: _____

Building Description

Tax ID Number: - - - -

Garage: Detached _____ Integral _____

Number of Rooms: _____

Apartment Number: _____ Number of Baths: _____

Prospective Tenant / Buyer: _____

Mailing Address: _____

Names and Occupation of all Occupants:

| Name | Age (opt) | Occupation | Phone Number Home / Work |
|-------|-----------|------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Check One) Conforming: _____ Non-Conforming: _____ Business: _____
Structure: Single: _____ 2 Family: _____ 3 Family: _____ Apart _____ with _____ Units in building

Remarks: (list all special needs. i.e. wheelchair)

Proposed Use of Property:

I hereby certify that the above information is true and correct. The abatement of Borough violations will be complied with by the owner, or his designated agent, unless otherwise stated in the agreement of sale. I am aware that misrepresentation of any information may result in fines or imprisonment.

Signed: _____ Date: _____

Current Owner or Agent

Permit # _____ Issued _____ Denied _____ Variance Requested _____ Issued _____ Denied _____

Signature of Building Inspector: _____ Date: _____