



City of Connellsville

110 North Arch Street
Connellsville, PA 15425
Phone: 724-277-6201
William A. Whetzel

For Office Use Only

Received By: _____
Date: _____ Amount Paid: _____
Cash: _____ Check #: _____
Credit Card: _____ CVC: _____
Credit Card #: _____

**PERMIT APPLICATION – MOBILE HOME REMOVAL
RESIDENTIAL OR COMMERCIAL (Please circle one)**

LOCATION OF PROPERTY

Street Address	Lot	City	Municipality
Parcel ID/Tax Map Number	Subdivision	Lot Size	

OWNER/APPLICANT INFORMATION

Owner Name	Address	City	Municipality
Phone Number	Applicant/Agent Name	Phone Number (if different)	

INFORMATION OF MOBILE HOME

Description of Mobile Home	Dimensions
Reason for Removal	Date of Removal

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities.

Print Name Legibly

Date

Signature of Owner or Authorized Agent

Date

RESPONSIBILITY OF APPLICANT

**DISCONNECTION AND TERMINATION OF ALL UTILITIES MUST BE
COMPLETED BEFORE FINAL INSPECTION.**