WALL BOROUGH BUILDING DEPARTMENT
413 Wall Avenue
Wall, PA 15148
(412) 824-3333

Rental & Real Estate Transfer Application

NEW Occupant Name: _____ Date: _____

Location/ Address: _____ Municipality: _____

_____ Lot / Block: _____

Phone: ( ) _____ E: Mail: _____

RESIDENTIAL / COMMERCIAL No. of Occupants: _____ Occupant Group: _____

Current Owner Information

Name: _____

Address: _____ City / State / Zip _____

Phone# ( ) _____ Email: _____

Building Information

Proposed Transfer Date: _____

Vacant / Occupied Vacant Date: _____

Owner / Rental / Lease Is the Building used for any other purpose? _____

Where is / As is point of Transfer? _____ Do you have a notarized affidavit? _____

Are the Utilities connected? Electric ____ Gas____ Water____ Sewer____

Smoke / Carbon Monoxide Detectors in proper areas? ____ Fire / Panic _____

Electric Panel been inspected? _____ (min) 4" address sign on building? _____

Any known or open violations? _____

Any known or open issues: _____

_____ _____

Signature of Applicant Date