

OCCUPANCY PERMIT APPLICATION

DATE APPLICATION RECEIVED _____

OWNER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP _____

PHONE NO.:

() _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

DESCRIPTION OF

BUSINESS: _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE DEPARTMENT OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITY'S CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND/OR ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE _____

APPLICANT/AGENT NAME/ PRINTED _____ DATE _____

****FOR DEPARTMENT USE ONLY****