CITY OF ERIE
APPLICATION FOR OCCUPANCY PERMIT

Index #:	Zoning District:	Date Issued:

Property Information

Property Type: ☐ Residential ☐ Commercial ☐ Industrial

Property Address: _____

City: _____ State: _____ Zip Code: _____

Current Land Use: _____

Proposed Land Use: _____

Owner / Tenant Information

Name of Owner: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Name of Tenant: _____

Telephone: _____ Email: _____

Name of Business: _____

I/We hereby certify that all the above statements are true to the best of my/our knowledge and belief.

_____
Owner or Agent Name

_____ _____
Owner or Agent Signature Date

Please submit the completed form to:

City of Erie | Bureau of Code Enforcement
626 State Street | Room 407
Erie, PA 16501-1128

Submit via email to: permits@erie.pa.us