APPLICATON FOR CERTIFICATE OF OCCUPANCY
BOROUGH OF VANDERGRIFT

Date: _____ Fee: $_____

Property Owner Name: _____

Address/Phone: _____
Street City & Zip Phone:

Renter's Name: _____

Address/Phone: _____
Street City & Zip Phone:

Information about Applicant: Owner _____ Agent ____ Renter ____ Lessee ____ Other _____

Name: _____ Phone: _____

Address: _____ Cell: _____

Proposed Occupancy Use:

☐ Single Family ☐ Two Family ☐ Commercial ☐ Industrial "Name use:" _____

Do you own other rental units within the Borough or Twp. Yes____ No____
If yes, List the addresses below:

_____

_____

The Applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

The Applicant agrees to comply with the provisions of the Borough or townships ordinances, codes, and regulations, and all other applicable laws of its county, Commonwealth Pennsylvania and the United States, whether or not specified in this application.

The applicant agrees that if a permit is issued, the permit may be revoked by administrative action of the borough or township if compliance with the foregoing two paragraphs is not absolute.

SIGNATURE OF APPLICANT: _____ DATE: _____