

# CITY OF EASTON

One South Third Street, Easton, Pennsylvania 18042

phone 610-250-6724 - fax 610-250-6607 - email codes@easton-pa.gov - website [www.easton-pa.gov](http://www.easton-pa.gov)

## OCCUPANCY PERMIT APPLICATION

Residential

### I. PROPERTY INFORMATION (site address)

Property Address:		
No. of Residential Units:	Tax Parcel No:	Zoning District:
Legal Use of Bldg:	Rooming House No. of Rooms:	Group Home No. of Residents:

### II. OWNER INFORMATION (legal owner)

Property Owner Name:		Phone:	
Address:		Emerg/Cell:	
City:	State:	Zip:	Email:

### III. CERTIFICATE HOLDER INFORMATION (buyer/occupant)

Certificate Holder Name:		Phone:	
Address:		Emerg/Cell:	
City:	State:	Zip:	Email:

### IV. MISCELLANEOUS INFORMATION

Mail Certificate to:	
Will this be a rental property? yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, please contact Res. Rental License Office @ 610-250-2060	
Private Waste Hauler*:	Recycling Hauler**:

\*For buildings with seven or more res. units

\*\* If not contracted with recycling hauler, list City Recycling Ctr.

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 City of Easton Ordinances, Codes and Regulations, and all other applicable laws and regulations of the City of Easton, Commonwealth of Pennsylvania and the United States, whether or not specified in this application.

NOTICE: Any permit issued pursuant to the approval of this application may be revoked if the issuance of the permit was based upon incomplete or inaccurate information, or it violates any City of Easton Ordinance, Pennsylvania Statute, United States Law, or Court Precedent.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Application to be submitted to Bureau of Codes and Inspections with **\$75.00** - checks payable to **City of Easton**.

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office use only

fee rec'd:	by:	date:	application no:	schedule date:	time:	inspector(s):
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