

Harmar Township

701 Freeport Road

Cheswick Pa 15024

724-274-4550--724-274-4551 Fax: 724-274-9522

Occupancy / Rental Permit Application

(All Occupancy inspection shall be required prior to a new tenant moving in.)

Date of Application: _____

Application for: _____ Single Family Total Number of Units: _____ Fee: \$ _____
(\$60.00 per unit)
_____ Rental for APT/ HOUSE Unit Total Number of Units: _____ Fee: \$ _____
(\$60.00 per unit)
_____ Commercial build Rental Units Total Number of Units: _____ Fee: \$ _____
(\$100.00 per unit)

Present use: _____ Proposed use: _____
(For Commercial use only)

(Describe what will be occupying each Space. If Storage is involved explain the class of all Hazards)

(All Fees shall be paid before scheduling any appointments.)

Address of Property to be occupied: _____ Apt/Office No: _____

Contact Person: _____ Cell: _____ Work: _____
FOR INSPECTION (Print Name)

Property Owner's Name: _____

Property Owner's Address: _____

Phone Number: _____ Office/Cell Number: _____ Ext: _____

Name of Tenant/ Buyer: _____

Tenant/ Buyer Phone Number: _____ Office/Cell Number: _____

The Applicant certifies that the above information is complete and true and correct to the best of the Applicant's knowledge, information and belief. The Applicant agrees to comply with the provisions of the Township ordinances, codes, and regulations, and all other applicable federal, state or local law. The Applicant agrees that if a temporary Rental Property Inspection Permit (the "Permit") is issued, the Permit may be revoked and the Township may take any and all action as permitted by law if compliance with the inspection report is not completed within the time provided by the inspection report.

Signature of Property Owner

Signature of Property Manager/ Agent
(If different)

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OFFICE USE ONLY BELOW THESE LINES

Date: _____ License Number: _____

Fee Paid: Yes No _____ Date Paid _____

Check Number or Cash: _____ Parcel Number: _____

First Inspection: Pass _____ Fail _____ Date: _____

Second Inspection: Pass _____ Fail _____ Date: _____

Building Code Officer: _____:

(All occupancy inspections shall be contingent upon all items on the report/ Dye Test be completed to code and Ordinances.)

This Part of the Application Shall be filled out by the Buyer/ Tenant

All Buyers/Tenant Shall Sign below acknowledging that they shall register with Keystone Collection Group, 724-978-0300 for current Earned Income Tax and Local Services Tax Collection. Applicant understands that failure to pay such taxes when due may result in revocation of this permit. Applicant acknowledges that the Township will transmit a copy of this Application to Keystone Collections Group to assure tax compliance.

Date: _____

Buyers / Tenant Signature: _____

**The BUYER SHALL agree to comply with the provisions of the Township ordinances, codes, and regulations, and all other applicable laws of the County, Commonwealth of Pennsylvania, and wether or not specified in this application.

** The BUYER SHALL agree that if **a Temporary Occupancy Inspection Permit** is issued, the Permit maybe revoked by administrative action of the Township, if compliance with the inspection report is not completed within the given time. The property will be condemned and all parties SHALL vacate the above address, until all inspections are completed. "No Notice will be given to the OCCUPANT when the house will be condemned."

Buyer Name: _____

Buyers Phone Number: Home: _____ Cell: _____

Office: _____ Email: _____

This section Shall be filled out completely in order to receive a Temporary Occupancy

(Signature of Property Buyer)