**Harmar Township**

# 701 Freeport Road

**Cheswick Pa 15024**

**Phone: 724-274-4550 - Fax: 724-274-9522**

**Occupancy / Rental Permit Application**

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

### Date of Application:

**Application for**: Single Family **Total Number of Units: Fee:** $

**($85.00** per unit)

Rental for APT/ HOUSE Unit **Total Number of Units: Fee:** $

### ($85.00 per unit)

Commercial build Rental Units **Total Number of Units: Fee:** $

### ($85.00 per unit with Additional Fees if greater than 10,000 square feet)

**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:**

**(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)

**...................................................................................................................................................... .....................................**

**OFFICE USE ONLY BELOW THESE LINES**

Date: \_ License Number:

Fee Paid: Yes  No 

## Check Number or Cash:

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Inspection: Pass Fail Date: Second Inspection Pass Fail Date:

Building Code Officer:

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 whether 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)