## APPLICATON FOR CERTIFICATE OF OCCUPANCY BOROUGH OF VANDERGRIFT

Date:				Fee	Fee: \$	
Property Owner Name:						
Address/Phone:						
	Street		City &	Zip	Phone:	
Renter's Name:	*					
Address/Phone:						
Information about Applicants	Street		City &	Zip	Phone:	
Information about Applicant:	Owner	Agent	Renter	Lessee	Other	
Name:		The second secon	Phone:			
Address:	Walter State of the Control of the C	***************************************	Cell:			
Proposed Occupancy Use:  Single Family Two Fam  Do you own other rental units  If yes, List the addresses belo	s within the				,,,	
The Applicant certifies that the applicant's knowledge and The Applicant agrees to comprodes, and regulations, and all and the United States, whether	d belief.  oly with the plice of the specific or not specific	provisions o cable laws o cified in this	f the Borough f its county, ( application.	n or townshij Commonwea	ps ordinances, alth Pennsylvania	
The applicant agrees that if a paction of the borough or town absolute.	permit is iss ship if comp	ued, the periodiance with	nit may be re the foregoing	voked by ad two paragra	ministrative aphs is not	
SIGNATURE OF APPLICAN	JT.			DATE		