

BOROUGH OF AVONDALE
110 Pomeroy Avenue
P.O. Box 247
Avondale, PA 19311
610-268-8501 Fax 610-268-8205

APPLICATION FOR OCCUPANCY PERMIT INVOLVING THE TRANSFER OF OWNERSHIP OF REAL PROPERTY

Fee must accompany application (see fee schedule) Fee for all re-inspections must be made prior to inspection. The re-inspection fee will be charged for "no shows" when appointment has been scheduled. The Zoning Officer will wait up to 15 minutes.

Checks are made payable to: Avondale Borough Amount Paid: _____

INSPECTIONS ARE DONE ON THURSDAYS - PLEASE CALL THE BOROUGH OFFICE AT 610-268-8501 AT LEAST TWO WEEKS IN ADVANCE.

Date of Application: _____

Owner/Applicant: _____

New Owner's Name: _____

New Owner's Address: _____

New Owner's Mailing Address (if different from above) _____

Tax Parcel Number: _____

New Owner's Contact Number: _____

Property Address: _____

The applicant (agent) named on this document understands that settlement (transfer of ownership) shall not occur prior to obtaining the Certificate of Use & Occupancy.

Number of Occupants: _____ Date of Occupancy: _____

Proposed use of Building: _____

Applicants Signature: _____ Date: _____

BOROUGH OF AVONDALE RESIDENTIAL REGISTRATION APPLICATION
SPECIFIC UNIT INFORMATION

PROPERTY ADDRESS: _____

Unit number or identification: _____ Number of occupants: _____

Owner occupied [Yes/No]. If "yes," name of owner-occupant:

Names, address and phone number of tenants:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

BOROUGH OF AVONDALE RESIDENTIAL REGISTRATION APPLICATION
OWNER'S SIGNATURE PAGE

PROPERTY ADDRESS: _____

I, the undersigned, hereby state that I am the owner or one of the owners of the property described in this Residential Registration Application, consisting of _____ (number of) pages and that the information in this Application is true and correct to the best of my knowledge, information, and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsifications to authorities.

Date: _____

Owner's signature

Owner's name printed