

Residential Occupancy Permits

Application for Temporary or Final Residential Occupancy

Borough of Jefferson Hills
 925 Old Clairton Road
 Jefferson Hills, Pa 15025
 Phone: 412-655-7760
 Fax 412-655-3143

Permit No.

PLEASE PRINT OR TYPE
ALL APPLICABLE BOXES MUST BE COMPLETE

PROPERTY ADDRESS:		Block/Lot No:	
PROPERTY OWNER'S NAME:			
Owner's Birthdate:			
Address:	City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	Email:	
TENANT'S NAME:			
Tenant's Birthdate:			
Address:	City:	State:	Zip:
Cell Phone: ()		Email:	
FEE: \$30.00 <i>Make checks to the Borough of Jefferson Hills</i>			
DATE PAID:		CHECK/CASH:	
MOVE-IN DATE:	<input type="checkbox"/> Group Home <input type="checkbox"/> Single Family <input type="checkbox"/> Apt. <input type="checkbox"/> Townhouse <input type="checkbox"/> Quad/Duplex		
<input type="checkbox"/> I am the new owner. By signing this form, I certify that ownership of this building has been legally transferred to myself and that I am entitled to process occupancy permit(s) or certificate(s) of occupancy for the building listed above:			
Signature		Date	
<input type="checkbox"/> I am the tenant of this building. (Signature of owner <u>must</u> also be included.)			
Signature of Tenant		Date	
Signature of Owner		Date	

Office cc to:

County Assessor	Real Estate Tax Collector	911	Jordan Tax
WJHSD	Postmaster	New Construction	Apartments Tara