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| 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: | | |

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| **FEE: $30.00** *Make checks to the Borough of Jefferson Hills* |

|  |  |  |
| --- | --- | --- |
| **DATE PAID:**  **CHECK/CASH:** | | |
| **MOVE-IN DATE:** | 🞏 Group Home 🞏 Single Family 🞏 Apt.  🞏 Townhouse 🞏 Quad/Duplex |
| 🞏 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 | | |
| 🞏 I am the tenant of this building. (Signature of owner must 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