

BRACKENRIDGE BOROUGH OCCUPANCY PERMIT

Address of Property: _____

Owner Name and Address: _____

Contact Phone Number: _____

The Applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

The Applicant agrees to comply with the provisions of the Borough's ordinances, codes, and regulations, and all other applicable laws of its county, Commonwealth of Pennsylvania and the United States, whether or not specified in this application.

The Applicant agrees that if a permit is issued, the permit may be revoked by administrative action of the borough if compliance with the foregoing two paragraphs is not absolute.

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY

FIRST INSPECTION: DATE _____ PASS _____ FAIL _____

SECOND INSPECTION: DATE _____ PASS _____ FAIL _____

BUILDING CODE OFFICIAL _____ DATE _____

INSPECTION FEE: \$ 65.00 CHECK NUMBER _____ RECEIPT NUMBER _____

FEE RECEIVED BY: _____

DATE: _____

**MAKE ALL CHECKS PAYABLE TO BRACKENRIDGE BOROUGH
1000 BRACKENRIDGE AVENUE, BRACKENRIDGE PA 15014
724-224-0800 FAX 724-224-4509**