

BOROUGH OF PITCAIRN

RESIDENTIAL OCCUPANCY PERMIT APPLICATION

609 Broadway
PITCAIRN, PA 15140-1298
PHONE: (412) 372-6500 CODE
ENFORCEMENT EXT 15 FAX:
(412) 373-1464
code@pitcairnborough.us
www.pitcairnborough.us

DATE_____

- All Electric & Garbage Bills MUST be Paid in Full before Occupancy Permit is issued. (Ordinance #1001)
- All Occupancy Inspections are required prior to a CHANGE of Tenant, CHANGE of Ownership, or CHANGE in Use.
- No structure may be occupied prior to the issuance of an Occupancy Permit; \$100 per day fine for Violation of Borough Occupancy Ordinance. (Ordinance #2018 & #978)

• THE APPLICATION & INSPECTION PROCESS MAY TAKE UP TO TWO WEEKS - PLAN AHEAD

- APPLICATION FEE of \$75 per Unit, check made out to Pitcairn Borough, required PRIOR to scheduling an inspection. The fee includes initial inspection and one (1) re-inspection. Failure after re-inspection will require another application and applicable fee.
- NOTE: Resolution 57-2018 A fee of \$75 will be charged to the occupancy permit applicant, if a scheduled appointment is
 not cancelled by 4 pm of the previous regular business day. Applicant will be charged a fee of \$75 for the re-inspection of
 previously failed items that fail after 2 previous inspections.

All Information MUST be filled out COMPLETELY.

All In	formation <i>MOST</i> be filled out (COMPLETELT.	
1. REASON FOR PERMIT (MUS	T ☑ one)		
☐ Change of Tenant	☐ Change of Ownership	☐ Change in Use	
2. PROPERTY INFORMATION	Owner or Property Manage	er MUST be within 15 miles of Pitcairn Borough.	
Address of Property:			
Current owner(s) Name:			
Phone [#] :	Email:		
Current Owner(s) mailing addre	ess:		
Property Manager/Contact Po	erson		
Name:			
Phone [#] :	Email:		
3. OCCUPANCY INFORMATION	Owner or Property Manage	er MUST be within 15 miles of Pitcairn Borough.	
3a. If CHANGE IN OCCUPAN	T: (The Information below <i>MUST</i> be	completed)	
Full Name(s):			
Phone#:	How Many Occupants?: Fill out Page 2.		
3b. If SALE OF PROPERTY:	The Information below, <i>MUST</i> be con	mpleted)	
Buyer's Name:		Phone#:	
Buyer's Address			
	C/Business: (The Information below	•	
Bank/LLC/Business Name:_			
	Phone [#] :		
4. CERTIFICATION: 1,		attest that all information	
provided in this application i	s true and correct to the best o	f my knowledge. Please sign & date below.	
Signature:		Date:	
	Office Use Only Below		
Date Paid:	_ First Inspection Date: _	Pass Fail	
Amount Paid:		Pass Fail	
□Cash □Debit □Check [#]		unt\$ Account(s) #	
□Money Order [#]	Updated 10-10-2018		

THIS PART OF THE APPLICATION <u>MUST</u> BE FILLED OUT BY THE BUYER(S) AND/OR TENANT(S), AGE 18 AND OVER

<u>All</u> Buyer(s) and/or Tenant(s), age 18 and over, <u>MUST</u> sign below, acknowledging that they shall register with Keystone Collection Group at 724-978-0300, for current Earned Income Tax and Local Services Tax Collection. Applicant understands that failure to pay such taxes when due may result in revocation of this permit. Applicant acknowledges that Pitcairn Borough will transmit a copy of the Application to Keystone Collection Group to assure tax compliance. (*Print all Information, except signature*)

Date:			
	First Name	Middle Initial	Last Name
Address:			
Social Security N	umber:		
Buyer/Tenant Sig	nature:	(Signature Required)	
Date:			
Name:			
	First Name	Middle Initial	Last Name
Address:			
Social Security N	umber:		
Buyer/Tenant Sig	nature:	(Signature Required)	
Date:			
Name:			
	First Name	Middle Initial	Last Name
Address:			
Social Security N	umber:		
Buyer/Tenant Sig	nature:	(Signature Required)	

If more space is needed to print information, please copy this page.