



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.

1. REASON FOR PERMIT (MUST [X] one)

- Change of Tenant Change of Ownership Change in Use

2. PROPERTY INFORMATION Owner or Property Manager MUST be within 15 miles of Pitcairn Borough.

Address of Property: _____

Current owner(s) Name: _____

Phone#: _____ Email: _____

Current Owner(s) mailing address: _____

Property Manager/Contact Person

Name: _____

Phone#: _____ Email: _____

3. OCCUPANCY INFORMATION Owner or Property Manager MUST be within 15 miles of Pitcairn Borough.

3a. If CHANGE IN OCCUPANT: (The Information below MUST be completed)

Full Name(s): _____

Phone#: _____ How Many Occupants?: _____ Fill out Page 2.

3b. If SALE OF PROPERTY: (The Information below, MUST be completed)

Buyer's Name: _____ Phone#: _____

Buyer's Address _____

*If the Buyer is a Bank/LLC/Business: (The Information below, MUST be completed)

Bank/LLC/Business Name: _____

Contact Person's Name: _____ Phone#: _____

Address: _____

4. CERTIFICATION: I, _____ attest that all information provided in this application is true and correct to the best of my knowledge. Please sign & date below.

Signature: _____ Date: _____

Office Use Only Below

Date Paid: _____ First Inspection Date: _____ Pass _____ Fail _____

Amount Paid: _____ Re- Inspection Date: _____ Pass _____ Fail _____

[X]Cash [X]Debit [X]Check# _____ Amount Owed on Account\$ _____ Account(s) # _____

[X]Money Order# _____

