



Freeport Borough Occupancy Inspection Request

Freeport Borough 414 Market Street Freeport, PA 16229

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In accordance with Freeport Borough Ordinance #268 (1975)

_____ hereby makes application for a permit to change the occupancy of the unit or units described below. Phone number of applicant: _____

1. Address of Unit _____

2. Name and Address of Owner _____

3. Number of Rooms _____ Bedrooms _____ Bathrooms _____

4. General Condition of the Premises _____

5. Name of Prior Tenant _____

6. Name of Prospective Tenant _____

I, _____, hereby certify that the statements made in the foregoing are true and correct and that any false statements herein made or failure to comply with all provisions of applicable ordinances shall be sufficient grounds for revocation of the permit in addition to prosecution for violations of said ordinances.

Applicants signature _____

FOR OFFICIAL USE ONLY

This is to certify that I have examined the application and made the inspection and find the same to be in accordance with the provisions of all ordinances relating to the building in the Borough of Freeport and that the same has been approved for the issuance of the permit.

Dept. of Public Safety Official _____ Check Number _____

Date of Inspection _____ Date Permit Issued _____ Fee Charged _____