

OCCUPANCY VERIFICATION APPLICATION

Property Location _____
Number and Street

Owners of Property (please attach complete list of owners, partners, and/or stockholders using this format if multiple):

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Applicant Information (if different from owner)

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Legal Representation (if any):

Name of Attorney _____
Firm & Address _____
City _____ State _____ ZIP _____
Phone _____

Describe the proposed use of the property , in detail

Commercial _____

Industrial _____

Residential _____ Owner Occupied _____ or Rental _____
of Units _____ Section 8 _____

All property owners in the Borough of McKees Rocks must complete an Occupancy Verification Application. New owners must complete 5-7 days of Closing. Failure to do so may result in an issuance of citations and subject to fines up to \$300.00 daily, per Ordinance 1330.

Signature _____ Date _____