

Occupancy Permit \$50.00

STATUS OF OCCUPANCY REPORT
TOWNSHIP OF FALLOWFIELD

Please have new owner fill out the
Occupancy Permit & return to
Fallowfield Township, 9 Memorial
Drive, Charleroi, PA 5022.

Property Location:

(Street/Mailing Address) (Lot No. or Apt. No.)
(City) (State) (Zip)
()
(Current Phone Number)

Property Owner (Lessor):

(Last) (First) (Initial)
(Mailing Address)
(City) (State) (Zip)
()
(Phone)

Property Classification (Circle One): 1. Single Family Detached Residence

2. Multiple Family Unit

3. Mobile Home

4. Commercial/Retail/Office

5. Industrial

6. Agricultural

Occupant Information:

(List All Occupants)

(If business, indicate manager
or designated contact person)

1. (Last) (First) (Initial) (Age)
2. _____
3. _____
4. _____
5. _____
6. _____

Term Of Occupancy: _____ to _____
Mo./Day/Year Mo./Day/Year

(NOTE: if month-to-month, indicate move-in date and anticipated move-out date.)

Signature: _____ Date: _____