

Inspection fee &  
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.  
Zoning Officer - Ronald Large

**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:** \_\_\_\_\_