

Residential Change in Tenant Use & Occupancy Application

UNIT PAYMENT & INSPECTION IS REQUIRED EACH TIME THERE IS A TENANT CHANGE

DATE: _____

PERMIT #: _____

LOCATION OF RENTAL: _____

OWNER:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

INTENDED DATE OF OCCUPANCY: _____

FOR RESALE INSPECTION:

BUILDING MANAGER:

NAME: _____

PHONE: _____

EMAIL: _____

TENANT NAME: _____

TENANT NAME: _____

TENANT NAME: _____

Email: _____

PHONE: _____

The undersigned hereby makes application of Certificate of Approval for the above described rental unit and declares that the information stated herein is correct to the best of his/her knowledge.

APPLICANT'S SIGNATURE

DATE

Fee \$100 Date Paid: _____

Registered: _____

Conditions for reinspection: _____

Code Enforcement Inspector Lupinetti,
Keystone Municipal Services

Date Approval Issued: _____