

**East Deer Township**  
927 Freeport Road  
Creighton Pa 15030  
Office: 724-224-3434, Fax: 724-224-0564

**Occupancy Inspection Permit Application**

**(All Occupancy/ rental inspection shall be required prior to any new tenant moving in.)**

**Date of Application:** \_\_\_\_\_ **Occupancy No:** \_\_\_\_\_  
(This inspection is valid until the unit becomes vacant again)

**Application for:** \_\_\_ Residential (Single Family) **Fee:** \$ \_\_\_\_\_  
                                  (\$55.00 per Unit)  
\_\_\_ Residential (Multi Family Dwelling) Total Number of Units: \_\_\_ Fee\$ \_\_\_\_\_  
                                  (\$55.00 per Unit)  
\_\_\_ Commercial build Rental Units    Total Number of Units : \_\_\_ **Fee:** \$ \_\_\_\_\_  
                                  (\$75.00 per Unit)

**(All Fees Shall be paid before any scheduling of appointments.)**

**Address of Property:** \_\_\_\_\_ **Apt/Office No:** \_\_\_\_\_  
                                  Street                                    City            State    Zip

**Contact Person:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
                                  (Print Name)

**Property Owner's Name:** \_\_\_\_\_

**Property Owner's Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Ext:** \_\_\_ **Office/Cell Number:** \_\_\_\_\_

**Name of Tenant:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Office/Cell Number:** \_\_\_\_\_

\*\*The Applicant certifies that the above information is complete and true and correct to the best of the Applicant's knowledge,

\*\*The BUYER SHALL agrees to comply with the provisions of the Township ordinances, codes, and regulations, and all other applicable laws of the County, Commonwealth of Pennsylvania, and weather or not specified in this application.

\*\* The BUYER SHALL agrees that if a temporary Occupancy Inspection Permit is issued, the Permit maybe revoked by administrative action of the Township, if compliance with the inspection report is not completed within the given time. The property will be condemned and all parties SHALL vacate the above address, until all inspections are completed. "No Notice will be given to the OCCUPANT when the house will be condemned."

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Manager (if different)

.....  
**OFFICE USE ONLY BELOW THESE LINES**

Date: \_\_\_\_\_ Parcel Number: \_\_\_\_\_  
Zoning district: \_\_\_\_\_

First Inspection:    Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Second Inspection   Pass \_\_\_\_\_ Fail \_\_\_\_\_

Building Code Officer: \_\_\_\_\_:

**(All occupancy inspections Shall be contingent upon all items on the report be completed to code.)**

Fee Paid: Yes  No  \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Check Number or Cash: \_\_\_\_\_

License Number: \_\_\_\_\_