

**WARRINGTON TOWNSHIP
3345 ROSSTOWN ROAD
WELLSVILLE, PA 17365
717-432-9082**

2024 - APPLICATION FOR PERMIT FOR OCCUPANCY OF LEASED OR RENTED PROPERTY

LANDLORD NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

_____ **OWNER** _____ **PROPERTY MANAGER**

RENTAL UNIT: (please use separate page for each unit, lot, apt)

ADDRESS: _____ **UNIT/LOT/APT NUMBER:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TENANTS: (over the age of 18)

FIRST NAME: _____ **LAST NAME:** _____

PLACE OF EMPLOYMENT: _____

FIRST NAME: _____ **LAST NAME:** _____

PLACE OF EMPLOYMENT: _____

FIRST NAME: _____ **LAST NAME:** _____

PLACE OF EMPLOYMENT: _____

FIRST NAME: _____ **LAST NAME:** _____

PLACE OF EMPLOYMENT: _____

(please use additional pages if needed)

I HEREBY CERTIFY THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.	

Applicant's Signature	(Owner, Landlord, Agent)

Approved by	(Warrington Township)

RETURN COMPLETED FORM TO WARRINGTON TOWNSHIP AS SOON AS POSSIBLE TO AVOID VIOLATION FINES
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PENALTY FOR VIOLATION \$600 PER DAY
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