



BOARD OF SUPERVISORS
WARRINGTON TOWNSHIP
3345 ROSSTOWN ROAD
WELLSVILLE, PENNSYLVANIA 17365
PHONE: 717-432-9082
FAX: 717-432-7238
EMAIL: office@warringtonwp.org

APPLICATION FOR PERMIT FOR OCCUPANCY OF LEASED OR RENTED PROPERTY

LANDLORD NAME: _____ DATE: _____

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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