**PATTERSON TOWNSHIP**

1600 19TH AVENUE BEAVER FALLS, PA 15010

PHONE: 724-743-8339 FAX: 724-843-8687

EMAIL: [C.MILNES@PATTERSONTWP.COM](mailto:C.MILNES@PATTERSONTWP.COM)

**OCCUPANCY LICENSE REGISTRATION FORM**

**Property Owner**

Name

First M Last

Mailing Address

Street City State Zip

Phone Number Email Address:

**Tenant:**

Name

First M Last

Mailing Address:

Street City State Zip

Phone Number: Email Address

Occupation: Number of Occupants

**Property Manager** (if applicable)

Name: Email Address:

First M Last

Mailing Address

Street City State Zip

Phone Number: Fax Number:

\*\*\*ALL RENTAL UNITS WILL BE INSPECTED WITHIN THREE (3) YEARS OF LICENSE BEING ISSUED. PLEASE CALL THE TOWNSHIP CODE ENFORCEMENT DEPARTMENT AT 724-847-5130 TO SET UP AN APPOINTMENT.

APPLICANTS SIGNATURE: DATE:

CODE OFFICER SIGNATURE: FILE #

ALL REGISTRATION FEES OF **$25.00 PER UNIT** MUST BE PAID AT THE TIME OF REGISTRATION

Please make all checks payable to Patterson Township

Registration filed: Inspection Fee paid:

Date Amount paid