

***Borough of Girardville***  
***201 North 4th Street, Girardville, Pa 17935***  
***2026 Occupancy Permit and Registration Application***

***Fee of \$125.00 to be paid via Check or Money Order***

**Property Owner Or LLC Information**

Be Sure To Review The Rental Property Ordinance Completely To Fully Understand Your Obligations And Requirements To Avoid Any Unnecessary Violations Or Penalties.

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

Type Of Ownership (LLC, Private Or Joint): \_\_\_\_\_

**Owner(S) Name(S):** \_\_\_\_\_

\_\_\_\_\_

Owners Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\*\*\*\*Email:** \_\_\_\_\_

Insurance Info: \_\_\_\_\_

\_\_\_\_\_

**Property Manager Information (If Applicable)**

\*Note- P.O. Boxes Are Not Accepted As Owner Or Agent Address To Satisfy Responsible Party Within 20-Mile Radius Requirement

Company or property manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

And Email: \_\_\_\_\_

**Owner's Refuse Account**

Contractor: \_\_\_\_\_

Refuse Account Paid To Date: \_\_\_\_\_ If No, Amount Due: \_\_\_\_\_

**Motor Vehicle(S) Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Description Of Property**

Single Family, 2 Family, Duplex Or Multi-Unit: \_\_\_\_\_

Number Of Units If Applicable (Including Vacant): \_\_\_\_\_

**Explanation Of Heat Source And Maintenance Procedures:**

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**Unit And Tenant Information**

**Address And Unit #:** \_\_\_\_\_

Name And Age Of Tenant: \_\_\_\_\_

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**Address And Unit #:** \_\_\_\_\_

Name And Age Of Tenant: \_\_\_\_\_

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**Address And Unit #:** \_\_\_\_\_

Name And Age Of Tenant: \_\_\_\_\_

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Name And Age Of Tenant: \_\_\_\_\_

**By Signing Below, I Authorize The Code Enforcement Officer To Inspect The Real Estate Or Leased Property, And I Verify That The Facts In This Application Are True And Correct Based Upon My Own Personal Knowledge, Information, And Belief. I Understand That False Statements Relating Hereto Are Made Subject To Penalties Of 18 Pa.C.S.A. 4904, Relating To Unsworn Falsification To Authorities.**

Owner/Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_

**BOROUGH USE ONLY**

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***Date Received:*** \_\_\_\_\_ ***Fee Paid:*** \_\_\_\_\_ ***Manner of Payment:*** \_\_\_\_\_

***Fire Chief:*** \_\_\_\_\_ ***Date of Inspection:*** \_\_\_\_\_

***Code Officer:*** \_\_\_\_\_ ***Date of Inspection:*** \_\_\_\_\_

**PASS      FAIL**

**Not cleared for Occupancy until signed below**

***Fire Chief:*** \_\_\_\_\_ ***Date of Approval:*** \_\_\_\_\_

***Code Officer:*** \_\_\_\_\_ ***Date of Approval:*** \_\_\_\_\_