



BOROUGH OF AMBRIDGE
 600 ELEVENTH STREET
 AMBRIDGE, PA 15003
 724-266-4070

**RESIDENTIAL OCCUPANCY
 PERMIT INFORMATION**

*PLEASE NOTE: **You MUST contact this office for a final occupancy inspection upon completion of the work and PRIOR to occupancy***

PROPERTY OWNER NAME: _____

PROPERTY OWNER HOME ADDRESS: _____
 Street City State Zip

Contact Person Name -Address-Phone: _____

Property Location: _____

How Many Units in Building: _____ Numbered: _____, _____, _____, _____, _____
 _____, _____, _____, _____, _____

RESIDENTIAL INFORMATION

List all occupants who will be living at the property:

Name:	Approx. Age	Apartment Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(More Space if Needed on Reverse Side)

Property Owner:	_____
Home Address:	_____
	Street City State Zip
Phone Number (s):	_____
	Home Cell

Name:

Approx. Age

Apartment Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ADVISE IF CHANGE IN TENANT - NAME, AGE, APT NO.