



North Strabane Township

1929 Route 519 South
Canonsburg, PA 15317
(724) 745-8880 • Fax (724) 745-8935

Permit No. _____

RESIDENTIAL APPLICATION FOR USE / OCCUPANCY

A. NAME OF PERSON TO OCCUPY HOME New Home Change of Occupant / Owner

Name		Phone		
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Address	Suite / PO	City	State	Zip
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B. PROPERTY OWNER If different from above

Name		Phone		
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Address	Suite / PO	City	State	Zip
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C. PROPERTY INFORMATION / DESCRIPTION

<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Single Family Attached(Townhome) <input type="checkbox"/> Duplex <input type="checkbox"/> Quad <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Industrialized Home	Parcel ID
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Lot Number	Zoning District	Subdivision
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D. DECLARATION OF APPLICANT

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE TRUE AND CORRECT AND HEREBY APPLY FOR PERMISSION TO OCCUPY THE PREMISES ABOVE DESCRIBED FOR THE PURPOSES HEREIN STATED, IF SUCH COMPLIES WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AND A CERTIFICATE OF USE IS ISSUED, IT IS UNDERSTOOD BY THE APPLICANT AND / OR OWNER THAT SAID CERTIFICATE WILL AUTHORIZE ONLY THE USE STATED IN THIS APPLICATION AND THAT SUCH USE MAY NOT LEGALLY BE EXTENDED OR CHANGED WITHOUT AUTHORIZATION AND A NEW CERTIFICATE OF USE / OCCUPANCY.

 Signature of applicant

 Date

FOR TOWNSHIP USE

Zoning Approval Approved Denied

Reason for denial

Zoning Officer	Date
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Building Code Official Building Permit Not Required

ICC Version	Use Group	Construction Type	Finished Basement	Sprinklers
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Building Code Official	Date
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