

BOROUGH OF BRIDGEPORT 63 W 4<sup>TH</sup> Street, P.O. Box 148 Bridgeport, PA 19405 Phone (610) 272-1811 Fax (610) 292-8236

| For Office Use Only                           |
|---|
| Date Application Received:                    |
| Receipt #                                     |
| U & O Fee <u>\$.00</u>                        |
| $\Box$ Credit Card $\Box$ Cash $\Box$ Check # |
| Land Use Code:                                |

## **USE & OCCUPANCY PERMIT APPLICATION**

# PERMIT#

### SECTION 1. REASON FOR APPLICATION (Check Appropriate Condition)

□ Property Sale / Transfer of Ownership □ Property Rental / Change of Tenant Duse Group / Occupancy Classification Change

Location of Property: \_\_\_\_\_\_ Floor and/or Suite and/or Apt #\_\_\_\_\_

SECTION 2: OCCUPANCY CLASSIFICATION/USE GROUP INFORMATION. Please indicate the present occupancy type/use group. (If the building is mixed use, list of the appropriate classification/use groups). 
□ Single Family □ Multi- Family □ Mercantile □ Business □ Other

 $\Box$  Residential - Unit(s) - Fees: Single Family Dwelling or Multi Family Dwelling = \$100 per unit

 $\Box$  Commercial - Square Ft = - Fees - Commercial = 200 < 5000 sq ft & \$4 per sq ft > 5000 sq ft

Does the tenant/buyer intend a change in occupancy classification/use group? □Yes or □ No. (If Yes, please provide description of the proposed new use)

| SECTION 3. PRESENT PROPERTY OWNER |                  | SECTION 4. PROPERTY SALE - BUYER (complete EITR form) |         |           |  |
|-----------------------------------|------------------|---|---------|-----------|--|
| Name(s):                          |                  | Buyer's Name(s):                                      |         |           |  |
| Address:                          |                  | Address:  |         |           |  |
| City:                             | State: Zip Code: | City:   | _State: | Zip Code: |  |
| Daytime or Cell Phone #:          |                  | Daytime or Cell Phone #:                              |         |           |  |
| E-mail                            |                  | E-mail  |         |           |  |

Does the buyer intend to occupy or reside at the location?  $\Box$  Yes or  $\Box$  No If the answer is Yes, skip Section 5

## SECTION 5. PROPERTY RENTAL - CHANGE OF TENANT - TENANT

(A)Borough Ordinances requires property owners to obtain a Use and Occupancy Permit each time a change of tenant occurs in all of the occupancies/use groups listed in Section #2.

(B)Borough Ordinance requires single & multi-family dwelling rental units to be registered with the Borough of Bridgeport. A Rental Property Registration Form can be obtained at the Bridgeport Borough Building during normal business hours or on the Bridgeport Borough Website under forms.

### FOR RESIDENTIAL TENANT USE ONLY (complete EITR form)

| Resident's Name: | Resident's Name:                                |
|------------------|---|
| Resident's Name: | (attach a separate sheet of paper if necessary) |

### FOR COMMERCIAL TENANT USE ONLY

| Business Name:           |        |        |           |  |
|--------------------------|--------|--------|-----------|--|
| Address:                 | City:  | State: | Zip Code: |  |
| Contact Person:          | Title: |        |           |  |
| Daytime or Cell Phone #: | E-mail |        |           |  |

Application is hereby made to the Borough of Bridgeport for the approval to use and occupy the aforementioned location in full or part. I agree to comply with all Ordinances and Codes of the Borough of Bridgeport and the Commonwealth of Pennsylvania. I will not occupy or allow occupancy of any land, structure or building until a Certificate of Occupancy is issued. I understand that any misrepresentation in this application will be grounds for the revocation of the application or the Certificate of Occupancy. 1 2 OWNER'S SIGNATURE DATE

I hereby certify that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent.

AGENT'S SIGNATURE

DATE

Please note the name of a responsible contact person must be listed on the application.

Please note that a Heater Certification Form must accompany all U&O permit applications.