

**Borough of Bridgeport**  
**63 West Fourth Street, Bridgeport, PA 19405**  
**Phone 610-272-1811 Fax 610-292-8236**

**Yard Sale Permit Application**

**Location:**

Address \_\_\_\_\_

**Property Owner:**

Name \_\_\_\_\_ Address \_\_\_\_\_

No P. O. Box

Phone # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Applicant:**

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please state location and dates of yard sale.**

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

Fee \$25.00

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Highlighted areas required.**

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete applications will be returned.