

DONEGAL TOWNSHIP  
PO BOX 310, 34 N. LIBERTY STREET  
WEST ALEXANDER, PA 15376  
PHONE: 724-484-4017  
office@donegaltownshippa.com

**OCCUPANCY PERMIT APPLICATION**

NAME OF NEW RESIDENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

**LIST ALL OCCUPANTS:**

**NAME (FIRST & LAST)**

**AGE**

**(if under 18)**

**EMPLOYER'S NAME & ADDRESS (IF EMPLOYED)**

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OWNER OF RESIDENCE OR PLACE OF BUSINESS \_\_\_\_\_

OWNER'S CONTACT NUMBER \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

DATE MOVING IN \_\_\_\_\_

PREVIOUS OCCUPANT (IF KNOWN) \_\_\_\_\_

FEE \_\_\_\_\_ DATE \_\_\_\_\_  
(\$25 person/family)