<u>APPLICATION FOR RESIDENCY PERMIT</u> – FEE \$35

Please remit to: Seven Fields Borough Suite 100 2200 Garden Drive Seven Fields, PA 16046

PROPERTY OWNER:							
Are you a renter?	□YES	\square NO					
If RENTAL property, Name and Address of Landlord:							

MOVE IN DATE:					
STREET ADDRESS:					
PHONE NUMBER of Residence:PHONE NUMBER for Emergencies:					
E-MAIL ADDRESS: Occupant Information (include ALL r Name Age	·		Employer's Name & A	<u>Address</u>	
(For Emergency/Management): Any Please explain: I certify under penalty of Law, as p correct to the best of my knowledge:	rovided in 18 PA. C				
Signed:			Date:		
START-UP DATE:	n Butler County Rec	order of Deeds			
Will there be multiple vehicles entering the property? Number of vehicles entering/exiting property per day: If being leased, Name & Address of Landlord					
Type of Business:Phone Number of Business:Owners or Corporate Officers:			Home Phone	Business Phone	
Address of Residence if different from Person filling out this application: Na Address: I certify under penalty of Law, as procorrect to the best of my knowledge:	ame & Title: Home Phone vided in 18 PA. C.S.	e:	Bus. Phone: that all information give	en above is true and	
Signed:			Date:		
FOR BOROUGH USE ONLY: Fee: Paid \$ Check #_	Ca	ash \$	Date		
Received By:		Entered	d by		
DirectoryOne Call Directory	Code Red	_Tax Collector	Welcome Committee	Updated 5/17/13	