

APPLICATION FOR RESIDENCY PERMIT – FEE \$20

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

PROPERTY OWNER: _____

Are you a renter? YES NO

If RENTAL property, Name and Address of Landlord: _____

MOVE IN DATE: _____

STREET ADDRESS: _____

PHONE NUMBER of Residence: _____ Publish in Resident Directory?

PHONE NUMBER for Emergencies: _____

E-MAIL ADDRESS: _____

Occupant Information (include ALL residents):

<u>Name</u>	<u>Age</u>	<u>Soc. Sec. #</u>	<u>Employer's Name & Address</u>

(For Emergency/Management): Anyone with physical/handicap/special needs? _____

Please explain: _____

I certify under penalty of Law, as provided in 18 PA. C.S. Section 4094, that all information given above is true and correct to the best of my knowledge:

Signed: _____ Date: _____

APPLICATION FOR IN-HOME BUSINESS PERMIT – FEE \$20

START-UP DATE: _____

BUSINESS ADDRESS: _____

PROPERTY OWNER (as recorded in Butler County Recorder of Deeds office): _____

Will there be multiple vehicles entering the property? _____

Number of vehicles entering/exiting property per day: _____ Zoning District _____

If being leased, Name & Address of Landlord _____

Type of Business: _____

Phone Number of Business: _____

Owners or Corporate Officers:

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Home Phone</u>	<u>Business Phone</u>

Address of Residence if different from Business Address: _____

Person filling out this application: Name & Title: _____

Address: _____ Home Phone: _____ Bus. Phone: _____

I certify under penalty of Law, as provided in 18 PA. C.S. Section 4094, that all information given above is true and correct to the best of my knowledge:

Signed: _____ Date: _____

FOR BOROUGH USE ONLY:

Fee: Paid \$ _____ Check # _____ Cash \$ _____ Date _____

Received By: _____ Entered by _____

____ Directory ____ One Call Directory ____ Code Red ____ Tax Collector ____ Welcome Committee Updated 5/17/13