



Borough of Mars

598 Spring Ave.
Ph: (724) 625-1858
Fax: (724) 625-4065

Application for Occupancy Permit

Reason for Permit: Change of Ownership Change of Occupant Change of Usage

Section 1

Address of Property: _____
(Please Type or Print)

Property Owner: _____ Phone _____
(Please Type or Print)

Owner's Mailing Address: _____ State: _____ Zip _____

E-Mail (optional) _____

THE FEE IS \$20.00 FOR EACH APARTMENT/RENTAL UNIT

Section 2

Change of Occupancy/use in: Residential zoned property All other districts

Information about Applicant: Owner Buyer Renter Agent Other _____

Name: _____ Borough _____ Zip _____
(Please Type or Print)

Contact Phone Number: Day _____ Evening _____

E-Mail (optional) _____

The Applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

The Applicant agrees to comply with the provisions of the Borough ordinances, codes, and regulations, and all other applicable laws of its county, Commonwealth of Pennsylvania and the United States, whether or not specified in this application.

The applicant agrees that if a permit is issued, the permit may be revoked by administrative action of the borough if compliance with the foregoing two paragraphs is not absolute.

Be sure to complete section 3 on the page 2.

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICIAL USE ONLY

TOTAL FEES: \$ _____ CHECK NUMBER _____ RECEIPT NUMBER _____

RECEIVED BY: _____ DATE _____

BUILDING CODE OFFICIAL _____ DATE _____ PERMIT NUMBER: _____

MAKE ALL CHECKS PAYABLE TO THE BOROUGH OF MARS

MAIL TO PO BOX 395, MARS, PA 16046-0395

Section 3

Tenant Name: _____

Tenant Mailing Address: PO Box: _____ Phone Number: _____

Number of Occupants living at this address: _____

Tenant Name: _____

Tenant Mailing Address: PO Box: _____ Phone Number: _____

Number of Occupants living at this address: _____

Tenant Name: _____

Tenant Mailing Address: PO Box: _____ Phone Number: _____

Number of Occupants living at this address: _____

Tenant Name: _____

Tenant Mailing Address: PO Box: _____ Phone Number: _____

Number of Occupants living at this address: _____

Tenant Name: _____

Tenant Mailing Address: PO Box: _____ Phone Number: _____

Number of Occupants living at this address: _____