

**NON-OWNER OCCUPIED PROPERTY LICENSE & INSPECTION APPLICATION**

**Borough of Jamestown**

**P.O. BOX 188**

Date \_\_\_\_\_

**406 Jackson St.**

**Jamestown, Pa 16134**

**Phone: 724-932-5211 Fax: 724-932-3837**

**Email: [Jamestown.Borough@JamestownPA.gov](mailto:Jamestown.Borough@JamestownPA.gov)**

**Property Address:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Occupancy Status:** Check one: ☐ Occupied ☐ Vacant

**Occupant Information:**

Name: \_\_\_\_\_

**Beginning Date of Occupancy:** \_\_\_\_\_

**Total Number of Occupants:** (everyone in the house including children) \_\_\_\_\_

List of individuals residing in property (please list all)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

**\*\*If you, the property owner resides 50 miles outside the Borough please designate a representative to serve as a Property Manager of the above-described property. Please include the full name and contact information of that representee for bi-annual inspection.** \_\_\_\_\_

Fee is \$55.00

Check No./Cash \_\_\_\_\_ Received By \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_