



CASTLE SHANNON BOROUGH

Rental Unit Occupancy Registration - Commercial

All sections of this application must be completed. Incomplete applications will be returned to the applicant.

Property Address		Parcel/Lot & Block #	
Property Owner		Owner Address (PO Box not acceptable)	
Daytime Phone No.	Evening Phone No.	Email	

APPOINTMENT OF AGENT:

The appointed agent shall be 18 years of age or older, who resides in or works in Allegheny County. Please provide name, address, telephone number and 24-hour contact information of all partners or principals with an interest of 10% or greater.

RESPONSIBLE AGENT INFORMATION (if applicable):

Rental Agent/Manager	Address (PO Box not acceptable)
24-hour Contact Phone No.	Email

DESCRIPTION OF RENTAL UNIT(S):

Single Family Dwelling Apartment Townhouse Duplex Total Number of Units _____

License Fee Calculation:

please make checks payable to Castle Shannon Borough

Total Occupied Rental Units: _____ x \$5.00 _____ Total Registration Fee: _____

Total Vacant Units: _____ x \$5.00 _____ Total Registration Fee: _____

TENANTS AND ADDITIONAL HOUSEHOLD MEMBERS:

UNIT # _____

Business Owner's Name	First	Last	Phone No.	Email
Business Name				

please see other side

This form is to be filed annually with the Borough on or before March 31st of each year. Any change in occupancy requires the issuance of a new occupancy permit prior to occupying the unit. Please remit to Castle Shannon Borough, Planning & Codes, 3310 McRoberts Road, Castle Shannon, PA 15234

I hereby certify by signing this application that I am the owner and/or authorized agent of said property, and to the best of my knowledge, all provided information herein is complete, accurate and true.

Signature of Applicant	Date
Print Name	Email

FOR OFFICE USE ONLY:	
Code Official Signature	Date
Permit No.	Fee: _____ Cash/Check/Money Order

See attached sheet for additional units if necessary.

TENANTS:

UNIT # _____

Business Owner's Name	First	Last	Phone No.	Email
Business Name				

TENANTS:

UNIT # _____

Business Owner's Name	First	Last	Phone No.	Email
Business Name				

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Business Owner's Name	First	Last	Phone No.	Email
Business Name				

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