PENN FOREST TOWNSHIP

COUNTY OF CARBON

2010 State Route 903, Jim Thorpe, PA 18229 (570)325-2768 or (570)325-2769

PRIMARY RESIDENCE	2 ND /VACATION	PRIMARY RESIDENCE RENTAL
Parcel #	Date _	
911 Address		
		Phone number
Employer:		
Employer's Address:		
Occupation:		
Moving From or Mailing Addres	s (if not primary residence	ce)
Moving To:		
Name of Landlord if renting:		Landlord Phone #
Moving Date	Will this property l	be used as a rental property? YES NO
ALL OTHERS 18 YEAR	S OF AGE OR OLDER V	VHO WILL RESIDE AT THIS PREMISE
NAME		EMPLOYER/OCCUPATION
NAME		EMPLOYER/OCCUPATION
	THERS WHO WILL RESI	
(Incl	ude names of all Childre	n and Other Minors)
NAME		NAME
NAME		NAME
SIGNATURE OF APPLICANT		APPROVED BY ADMINISTRATOR

PER ORDINANCE THE APPLICATION MUST BE COMPLETE AND MUST ACCOMPANY A PROOF OF OWNERSHIP BY LEGAL DOCUMENTION OR RENTER'S LEASE AGREEMENT.