

Borough of West Mayfield

Occupancy Permit - Smoke & Dye Test Application

Current Owner(s)/Seller(s): _____

Property Address: _____, Beaver Falls PA 15010

Contact Information: Primary Telephone: _____

Secondary Telephone: _____ [] Cell [] Work

Email Address: _____

Is this property currently occupied? [] Yes [] No

If "No", how long has the property been unoccupied: _____

Buyer(s): _____

Contact information: Primary Telephone: _____

Secondary Telephone: _____ [] Cell [] Work

Email Address: _____

Has an Independent Home Inspection been performed on this property? [] Yes [] No

If "Yes", please submit a copy with this application. A summary of deficiencies is acceptable.

NOTE: A Smoke & Dye Test is required for this sale.

FEES:

Occupancy Permit \$150.00

Smoke & Dye Test \$50.00

Total \$200.00

Make Check(s) Payable to: Borough of West Mayfield

Mail to:

West Mayfield Borough

%: Code Enforcement Officer

3631 Ann St

Beaver Falls, PA 15010

Borough Use ONLY

Application Rec'd: _____ Check No.: _____ Amount: _____

Tax Parcel No.: _____

OP No.: _____ Date Issued: _____ SD No.: _____ Date Issued: _____