

**BOROUGH OF MIDWAY**  
**304 NOBLESTOWN ROAD, SUITE 10, MIDWAY, PA 15060**  
**PHONE: (724) 796-8700 EXT. 1    FAX: (724) 796-5694**

**OCCUPANCY PERMIT APPLICATION**

NOTICE: Any permit issued pursuant to the approval of this application may be revoked if the issuance was based upon incomplete or inaccurate information, or it violates any Midway Borough Ordinance, Pennsylvania Statute, United States Law or Court.

**I. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_  
Applicant City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. PROPERTY INFORMATION**

Property Address: \_\_\_\_\_ Lot/Block #: \_\_\_\_\_  
Property City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Property Primary Use: \_\_\_\_\_

**III. GENERAL INFORMATION\***

Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer City: \_\_\_\_\_ Employer State: \_\_\_\_\_ Employer Zip Code: \_\_\_\_\_  
Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer City: \_\_\_\_\_ Employer State: \_\_\_\_\_ Employer Zip Code: \_\_\_\_\_  
Minor Occupant: \_\_\_\_\_ Age: \_\_\_\_\_  
Minor Occupant: \_\_\_\_\_ Age: \_\_\_\_\_  
Minor Occupant: \_\_\_\_\_ Age: \_\_\_\_\_  
Minor Occupant: \_\_\_\_\_ Age: \_\_\_\_\_

\*If the property's primary use is other than residential, please disregard Section III.

Should you require additional space, please attached information to this application.

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

The applicant agrees to comply with the provisions of the Borough of Midway's Ordinances, Codes and Regulations, and all other applicable laws and regulations of Washington County, Commonwealth of Pennsylvania and the United States.

THE APPLICANT AGREES THAT IF A PERMIT IS ISSUED, THE PERMIT MAY BE REVOKED BY ADMINISTRATIVE ACTION OF THE BOROUGH OF MIDWAY IF COMPLIANCE WITH THE FOREGOING PARAGRAPHS ARE NOT ABSOLUTE.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Additional Comments: \_\_\_\_\_