	BOARD O	F SUPERVISORS					
A STORY		ip Northampton Cour	nty				
	3630 Ja						
Bethlehem, Pennsylvania 18017-9302							
	610.866.1140	Fax 610.758.9116					
	Zoning Permit Appli	ication - Housing	<u>g Rental</u>	_			
Parcel ID No.		Zoning District					
Property Street Addres	5						
Property Owner Name			Day Phone				
Owner Address			Home Phone				
Owner City		State Z	Zip Code				
Applicant Name			Owner Agent	t of Power of Attorney Required			
Agency Name			Phone				
Agency Address			Fax				
Agency City		State Z	Zip Code				
Contact		Email					
property owner, agent	y permit is required before a resident and tenant to abide by Hanover Tow nd for the time period specified.						
Applicant Signature			[	Date			
Type of Structure (Cheo	k One)						
Single Family Dwel	ing 🗌 Apartment Building 🔲 T	ownhouse 🗌 Condo	Motel/Hotel	Number of Bedrooms			
Other				Bedrooms Below Grade			
Apartment Building or Total Number of U		3rd 4+		Number of Bathrooms			
Type of	Water 🗌 Private 🗌 Public	Type of Sewer [	Private Public	:			
Liability Insurance Com	ipany						
Policy # (Attach Certific	ate)		Expiration Date				
	PLEASE PROVIDE TEN.	ANT INFORMATION ON I	REVERSE SIDE				
<b>CODES REVIEW &amp; INSI</b>	<b>PECTION</b>						

-0	DES	KEV	IEW	άI	INSP	ΈC	

Code Official

Tenant Information (Submit additional information on separate page.)

Tenant Names (All adults 18 and older)	<u>Unit No.</u>	<u>Home Phone No.</u>	Daytime Phone No.

This form is to be completed and submitted within a maximum of thirty (30) days after the changing of a Unit from Owner-Occupied to being a Residential Rental Unit with applicable Fees. Late filing is subject to late fees and penalties. Incomplete Housing Permit Applications will not be accepted and will be returned.