

**MAXATAWNY TOWNSHIP  
127 QUARRY ROAD SUITE 1  
KUTZTOWN, PA 19530  
(610) 683-6518**

**Application For Housing Permit 2\_\_\_\_\_**

**Location of Property**\_\_\_\_\_

**Control Number**

**Application Fee**\_\_\_\_\_

**Owner Name and Address:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Business #** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**Owner Occupied: Yes or No (circle one)**

**Maximum Occupancy** \_\_\_\_\_

**Type of Unit:** \_\_\_\_\_

**Tenant names:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE OTHER SIDE OR ATTACH SHEET.**

**This form is to be completed and submitted with applicable Fee on or before January 31<sup>st</sup> of the current year. Late filing is subject to penalties as set forth in Township regulations. If the application submitted is incomplete or does not comply with the provisions of the Township regulations such Housing permit application shall be returned.**

**SIZE OF BUILDING** \_\_\_\_\_, **NUMBER OF BEDROOMS** \_\_\_\_\_, **TYPE OF SEWAGE** \_\_\_\_\_,  
**TYPE OF WATER** \_\_\_\_\_, **NUMBER OF BATHROOMS** \_\_\_\_\_, **NUMBER OF LIVINGROOMS** \_\_\_\_\_,

**I/We acknowledge the information listed above to be correct and request that a Housing Permit be issued in accordance with Township regulations. The Township may require an inspection of the purposed Housing unit before a permit can be issued. Please contact the Housing Officer to set up a time for the inspection.**

\_\_\_\_\_  
**Owners Signature or Agent**

\_\_\_\_\_  
**Date**