



**MAXATAWNY TOWNSHIP**

**127 QUARRY RD SUITE 1 KUTZTOWN, PA 19530**

Ph: (610) 683-6518

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MAXATAWNY TOWNSHIP  
127 QUARRY ROAD SUITE 1  
KUTZTOWN, PA 19530

Location:  
ParcelID:

Dear Property Owner

PLEASE COMPLETE THE FOLLOWING FOR THE 20\_\_ HOUSING PERMIT. APPLICATION FEE:

Owner Occupied(Y/N): \_\_\_\_\_ Number of Occupants: \_\_\_\_\_  
Tenant Names: \_\_\_\_\_ \*Please attach list of names as necessary.  
\_\_\_\_\_ use the other side or attach sheet if required.

DATE OF LAST HEATER SERVICE AND NAME OF PROVIDER \_\_\_\_\_

TYPE OF HEATING SYSTEM: \_\_\_\_\_

FIREPLACE OR ALTERNATE HEAT SOURCE? Yes or No (Circle one) IF YES, DESCRIBE:

IF PRIVATE WATER SOURCE: WHEN WAS THE WATER LAST TESTED? \_\_\_\_\_

BY WHOM: \_\_\_\_\_ WHAT WERE THE RESULTS: \_\_\_\_\_

IF THIS SPACE IS CHECKED \_\_\_\_\_, IT MEANS PROPERTY INSPECTION IS DUE - PLEASE CALL TO SCHEDULE - PERMIT WILL NOT BE ISSUED IF INSPECTION IS DUE AND YOU DO NOT CALL TO SCHEDULE THE INSPECTION.

IF THIS IS A NEW RENTAL, COMPLETE ALL BELOW. IF THIS IS A RENTAL WITH AN EXISTING PERMIT AND THERE HAVE BEEN NO CHANGES TO THE ITEMS BELOW, INITIAL AND DATE HERE: NO CHANGES \_\_\_\_\_.

SQ FT of Building: \_\_\_\_\_, No. of Bedrooms: \_\_\_\_\_, No. of Bathrooms: \_\_\_\_\_, No. of Living rooms: \_\_\_\_\_

Type of Sewage Disposal: \_\_\_\_\_, Type of Water Supply: \_\_\_\_\_, Type of Heat: \_\_\_\_\_

Number of Off-street Parking Spaces: \_\_\_\_\_

This form is to be completed and submitted with applicable Fee.  
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 Ordinance, such Housing permit application shall be returned. Application fee must be included with this application.

I/We Acknowledge the information listed above to be true and correct and request a Housing Permit.

Printed name of Owner or Authorized Agent: \_\_\_\_\_

Signature (Owner or Authorized Agent) \_\_\_\_\_ Date \_\_\_\_\_ Owner Phone# \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

Email: \_\_\_\_\_