

Inspection fee &  
Occupancy Permit \$50.00

**STATUS OF OCCUPANCY REPORT**  
**TOWNSHIP OF FALLOWFIELD**

**Property Location:**

\_\_\_\_\_  
(Street/Mailing Address) (Lot No. or Apt. No.)  
\_\_\_\_\_  
(City) (State) (Zip)  
( )  
\_\_\_\_\_  
(Current Phone Number)

**Property Owner (Lessor):**

\_\_\_\_\_  
(Last) (First) (Initial)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(City) (State) (Zip)  
( )  
\_\_\_\_\_  
(Phone)

- Property Classification** (Circle One):
1. Single Family Detached Residence
  2. Multiple Family Unit
  3. Mobile Home
  4. Commercial/Retail/Office
  5. Industrial
  6. Rental Unit

**Occupant Information:**

(List All Occupants)

(If business, indicate manager  
or designated contact person)

1. \_\_\_\_\_  
(Last) (First) (Initial) (Age)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Term Of Occupancy:** \_\_\_\_\_ to \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

(NOTE: if month-to-month, indicate move-in date and anticipated move-out date.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_