

Administrative Offices
(570) 288-4576
FAX: (570) 288-9493



Emergency Services
(570) 287-6911
FAX: (570) 287-2699

MUNICIPALITY OF KINGSTON

500 WYOMING AVENUE, P.O. BOX 1229, LUZERNE COUNTY, PENNSYLVANIA 18704-3681

Incorporated as the Borough of Kingston — 1857

CERTIFICATE OF OCCUPANCY APPLICATION

Date: _____

This is formal application to occupy or use the structure listed below:

Name of Owner: _____ Tel # of Owner: _____

Address of Owner: _____

Name of Lessee: _____ Tel # of Lessee: _____

Address of Lessee: _____

Telephone No. of Lessee: _____

Trade Name of Business: _____

Specify use of Business: _____

If residential use, number of units building: _____

Being the person making the above application in behalf and with the full authority of the owner of the above-mentioned property, and that the statements are true and correct,

Applicant: _____ In behalf of: _____

I have this day received examined the application and find it is in accordance with THE ZONING ORDINANCE of the MUNICIPALITY OF KINGSTON.

CODE ENFORCEMENT OFFICER

Date