

MOVING PERMIT APPLICATION

EAST ALLEN TOWNSHIP
5344 NOR BATH BOULEVARD
NORTHAMPTON, PA 18067
Phone: 610-262-7961
Email: mail2@eatwp.org

TWP PERMIT # _____

DATE RECEIVED: ____/____/____

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY INFORMATION

ST NUMBER: _____ STREET: _____

SUITE/APT: _____ CITY: _____ STATE: _____ ZIP: _____

TAX MAP #: _____ ZONING DIST.: _____

NAME OF PREVIOUS OCCUPANT (IF KNOWN): _____

APPLICANT INFORMATION

APPLICANT IS: ☐ OWNER ☐ TENANT ☐ ADDITIONAL OCCUPANT(S)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ DATE: _____ **** REQUIRED ON ALL APPLICATIONS**

OWNER INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

SIGNATURE: ** _____ DATE: _____ ****REQUIRED ON ALL APPLICATIONS**

ARE YOU MOVING: ☐ INTO ☐ OUT OF ☐ WITHIN EAST ALLEN TOWNSHIP?

MOVING FROM (OLD ADDRESS): _____

(Street Address)

(City)

(State)

(Zip)

MOVING TO (NEW ADDRESS): _____

(Street Address)

(City)

(State)

(Zip)

PLEASE LIST FULL NAMES OF ALL PERSONS WHO RESIDE OR WILL RESIDE AT THIS ADDRESS ON REVERSE SIDE

OFFICE USE ONLY

FEE: **\$20.00** DATE PAID: _____

APPROVED BY: _____ DATE: _____

DENIED BY: _____ REASON: _____ DATE: _____

**FEES ARE NON-REFUNDABLE
OVER**

Continued

PERSONS WHO RESIDE OR WILL RESIDE AT THIS ADDRESS:

Name	DOB	Employer
Name	DOB	Employer
Name	DOB	Employer
Name	DOB	Employer
Name	DOB	Employer
Name	DOB	Employer