

City of Monongahela

Pennsylvania



Code Enforcement Officer
(724) 258-4750

Health Officer
(724) 258-4750

PUBLIC SAFETY DEPARTMENT RESIDENCY APPLICATION

USE: _____ RESIDENCE _____ BUSINESS _____ INDUSTRY _____ OTHER _____

LOCATION OF PREMISES: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____ PHONE NO: _____

IF RESIDENCE, GIVE NAMES AND AGES OF ALL OCCUPANTS.

NAME: _____ AGE: _____ NAME: _____ AGE: _____

PHONE NUMBER: _____ MOVE IN DATE: _____

PRIOR ADDRESS: _____

(MUST GIVE FULL ADDRESS)

IF BUSINESS OR INDUSTRY:

BUSINESS NAME: _____

OWNER'S NAME: _____ PHONE NO: _____

OWNER'S ADDRESS: _____

INSPECTION TIME AND DATE: _____

**IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO COMPLETE
RESIDENCY FORMS AND SUBMIT.**

FAX: 724-258-8785