



Zoning and Codes Enforcement  
26 Firehall Road Bloomsburg, PA 17815  
570-784-6178 (Phone)  
570-784-3288 (Fax)  
www.hemlocktownship.org

## Student Housing Occupant Permit Application

( Please Print )

### PROPERTY ADDRESS:

#### Property Owner:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State: \_\_\_\_\_

Zip Code.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

#### Property Agent/Manager:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State: \_\_\_\_\_

Zip Code.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

Student 1 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Student 2 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Student 3 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Student 4 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Provide a copy of the lease for each student housing facility, including the emergency contact name and phone no.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Permit No.: \_\_\_\_\_

Fee: \$20 per year per student

Date Issued: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_