

Project: _____

Date: _____

Please provide the following information in order for us to complete the Building Dept applications:

Place of Assembly / Establishment Owner/ Lessee Information

Name of officer who will sign application :

Type of Ownership :

First Name, Last Name :

Title :

Business Name/Company :

DBA / Establishment Name :

Address :

City : State: Zip Code :

Telephone: Fax:

Email:

Establishment EIN # :

Individual Lessee Responsible for Annual Renewal of Place of Assembly

First Name, Last Name :

Business Name/Company :

Address :

City : State : Zip Code :

Telephone: Fax:

Email:

This information is required for the Place of Assembly Permit Application once Approval is obtained as well as the newly designed Place of Assembly Application forms.

This is also needed so that the Place of Assembly annual Permit invoicing and PA Permit Renewal Notifications be forwarded to the proper Permittee.