

APPLICATION FOR MECHANICAL DEVICES IN PORTER TOWNSHIP

Permit No. _____

Applicant Take Note:

- 1) THIS MECHANICAL DEVICE PERMIT IS IN EFFECT FOR ONE YEAR AFTER THE DATE OF ISSUE. **AFTER ONE YEAR, THIS PERMIT EXPIRES**, AND A NEW PERMIT MUST BE APPLIED FOR. (ORD.5/1/1989) CHP#13 #101
- 2) ANY FALSE OR MISLEADING STATEMENTS BY THE APPLICANT ON THIS PERMIT SHALL LEAD TO ITS IMMEDIATE REVOCATION. NO LICENCES ISSUED SHALL BE TRANSFERABLE (ORD.5/1/1989) CHP#13 #303

Date of Application _____

Name of Business Owner: _____

Name of Business _____

Address of Business: _____

E-mail address _____ Phone # _____

Name of Company : _____

Mailing address of Company _____

Electronic Devices: Fifty dollars (\$50.00) per year _____ per machine # _____

Total Permit Fee Paid \$ _____ Check# _____ Cash _____

Checks payable to: Porter Township Supervisors

Signature of Applicant _____

Please make checks payable to Porter Township Supervisors
304 Peach Orchard Rd
Mill Hall, PA 17751

Zoning Officer Signature of approval, _____

COMMENTS:

Revised 7/28/2014

TOWNSHIP SEAL