

*Borough of
New Stanton, Pennsylvania*

Phone: 724-925-9700
Fax: 724-925-2709
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P.O. Box 237
New Stanton, Pennsylvania 15672

**APPLICATION AND PERMIT FOR JUNK MOTOR VEHICLE
THE BOROUGH OF NEW STANTON
CHAPTER 10, PART 1 OF THE CODE OF ORDINANCES OF THE BOROUGH**

Application No.: _____

Name of Owner of Junk Vehicle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Make & Model of Junk Motor Vehicle: _____

Location of Junk Motor Vehicle: _____

Date Vehicle Brought onto Property: _____

CERTIFICATION

I certify that I have the above-described junk motor vehicle for the bona fide purpose of repair of such motor vehicle and I verify that the statements made in the forgoing. **APPLICATION** is true and correct. I understand that false statements herein made are subject to the penalties of Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Date: _____

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THE BOROUGH OF NEW STANTON
CHAPTER 10, PART 1 OF THE CODE OF ORDINANCES OF THE BOROUGH**

Name of Owner of Property Where Junk Motor Vehicle is Located:

Address: _____

City: _____ State: _____ Zip Code: _____

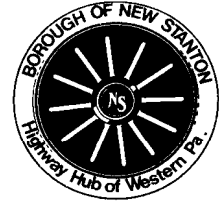
CERTIFICATION

I verify that the statements made in the foregoing **APPLICATION** are true and correct. I understand that false statements herein made are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Date: _____

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CHAPTER 10, PART 1 OF THE CODE OF ORDINANCES OF THE BOROUGH

PERMIT FOR REPAIR OF JUNK MOTOR VEHICLE

Permit Fee: _____ Permit Expires: _____
(Cannot exceed a period of 30 days from the
date that the vehicle was first brought upon
the property)

Issued By: _____
Ordinance Officer

Date of Issuance: _____