

Borough of Bridgeport
63 West Fourth Street, Bridgeport, PA 19405
Phone 610-272-1811 Fax 610-292-8236

Yard Sale Permit Application

Location:

Address _____

Property Owner:

Name _____ **Address** _____

No P. O. Box

Phone # _____ **City, State, Zip** _____

Applicant:

Name _____ **Relationship to Owner** _____

Address _____ **Phone #** _____

City, State, Zip _____

Please state location and dates of yard sale.

Location: _____

Dates: _____

Fee \$25.00

FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT)

Applicant Signature: _____ **Date:** _____

Highlighted areas required.

Building Inspector: _____ **Date:** _____

Incomplete applications will be returned.