



Standard Right-to-Know Law Request Form

Good communication is vital in the RTKL process. Complete this form thoroughly and retain a copy; it may be required if an appeal is filed. You have 15 business days to appeal after a request is denied or deemed denied.

SUBMITTED TO AGENCY NAME: Dhasarathi (Attn: AORO)

Date of Request: 06/15/2024 Submitted via: Email U.S. Mail Fax In Person

PERSON MAKING REQUEST:

Name: Dhasarathi Company (if applicable): Stellar

Mailing Address: 2605 Maitland Center Parkway, Suite C, Maitland, FL 32751

City: _____ State: _____ Zip: _____ Email: MLS@stellaripl.com

Telephone: 302-261-9069 Fax: _____

How do you prefer to be contacted if the agency has questions? Telephone Email U.S. Mail

RECORDS REQUESTED: *Be clear and concise. Provide as much specific detail as possible, ideally including subject matter, time frame, and type of record or party names. RTKL requests should seek records, not ask questions. Requesters are not required to explain why the records are sought or the intended use of the records unless otherwise required by law. Use additional pages if necessary.*

Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that needs attention and any fees due currently.

Also advise if there are any Code Violation or fines due that needs attention currently.

Any unrecorded liens/fines/special assessments due.

Prop ADD: 2801 Morlock StMcKeesport, PA 15132

- DO YOU WANT COPIES?** Yes, printed copies (default if none are checked)
 Yes, electronic copies preferred if available
 No, in-person inspection of records preferred (may request copies later)

Do you want certified copies? Yes (may be subject to additional costs) No
RTKL requests may require payment or prepayment of fees. See the [Official RTKL Fee Schedule](#) for more details.

Please notify me if fees associated with this request will be more than \$100 (or) \$ _____.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Tracking: _____ Date Received: _____ Response Due (5 bus. days): _____

30-Day Ext.? Yes No (If Yes, Final Due Date: _____) Actual Response Date: _____

Request was: Granted Partially Granted & Denied Denied Cost to Requester: \$ _____

Appropriate third parties notified and given an opportunity to object to the release of requested records.

City of McKeesport

500 Fifth Avenue
McKeesport, PA 15132



APPLICATION FOR RESIDENTIAL OCCUPANCY CERTIFICATE

Shaded areas to be completed by applicant.

Real Estate Transfer Date: _____ Date of Application: 6-15-17

Property Address: 2801 McKeelock St. McKeesport PA 15132

Name of New Owner: PAMELA ARMBEUST Phone #: _____

Address: Her daughter is going to live here

Intended Residential Occupancy: _____ Owner Occupied

Single Family _____ Renter Occupied: list tenant names, SS# below:

_____ 2-Family _____

_____ Multi-family _____

Total Dwelling Units: 1 _____

Application is hereby made for permission to occupy the premises above described for the purpose herein stated. If such use complies with provisions of all laws and ordinances, and certificate of occupancy is used, it is understood by the applicant that the said certificate will authorize only the use stated in this application and that such use may not legally be extended or changed without authorization in a new certificate of occupancy. If the building located on these premises or any part of the said building is to be occupied as a dwelling, the applicant understands that the occupancy thereof is to be limited to the number of families stated in this application.

DATE: 6-15-17 Thomas J. Lasch THOMAS J. LASCH
APPLICANT SIGNATURE PRINT NAME

This is to certify that 2801 McKeelock is in compliance with the Building Code of the City of McKeesport and is permitted to occupy said premises or buildings for purpose as stated in this application.

Inspected by: [Signature] 6-22-17
Building Inspector

Notes: have inspection of breaker box 412 207 9547

City of McKeesport

500 Fifth Avenue
McKeesport, PA 15132



APPLICATION FOR ZONING CERTIFICATE

Shaded areas to be completed by applicant.

DATE OF APPLICATION: 6-15-17

(412) 872-0222

APPLICANT NAME: Thomas J. Lasch Owner Lessee Agent

OWNER NAME: Thomas J. Lasch PHONE NUMBER: _____

PROPERTY ADDRESS: 2801 Morlock St. McKeesport, PA, 15132

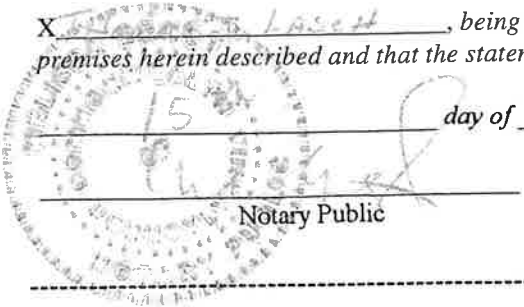
Residential Occupancy:	Commercial:	Industrial:
Total Dwelling Units: <u>1</u>	_____ Retail	_____ Manufacturing
<input checked="" type="checkbox"/> Single Family	_____ Wholesale	_____ Warehousing
_____ 2-Family	_____ Mixed	
_____ Multi-family		
_____ Owner Occupied		
_____ Renter Occupied		

INTENDED USE: _____

**STATE OF PENNSYLVANIA
COUNTY OF ALLEGHENY**

X Thomas J. Lasch, being duly sworn, deposes and says that he/she is Owner-Lessee-Agent of the premises herein described and that the statements made in this application are true and correct as he/she verily believes.

_____ day of June, 2017



X Thomas J. Lasch
Owner-Lessee-Agent

ZONING CERTIFICATE

This is to certify that 2801 Morlock is in compliance with the Zoning Regulations of the City of McKeesport and is permitted to use said premises or buildings for purpose as stated in application.

Zoning Officer

Building Inspector

PRESENT ZONING DISTRICT: R-3

DATE ISSUED: 6-15-17