



UPPER CHICHESTER TOWNSHIP

PO BOX 2187, UPPER CHICHESTER, PA 19061
PH: 610-485-5719 FAX: 610-485-3615

TOWNSHIP RECEIVED DATE

RESALE USE & OCCUPANCY APPLICATION

(RESIDENTIAL OR COMMERCIAL/INDUSTRIAL CHANGE OF OWNERSHIP)

TYPE OF RESALE (Please Circle): Residential Commercial

PROPERTY INFORMATION

ADDRESS:

Street Apt# City State Zip

SETTLEMENT DATE

LOCK BOX #

APPLICANT INFORMATION

APPLICANT (Please Circle): AGENT BUYER SELLER Other _____

NAME OF AGENCY/BUSINESS (if applicable):

PHONE:

NAME:

EMAIL:

ADDRESS:

FAX:

Street Apt# City State Zip

IS THIS A CONDITIONAL SALE?

YES

NO

INSPECTION CONTACT INFORMATION

NAME _____ PHONE _____

NEW OWNER'S INFORMATION:

BUSINESS NAME (if applicable):

PHONE:

NAME:

EMAIL:

ADDRESS:

FAX:

Street Apt# City State Zip

RESIDENTIAL FEES

COMMERCIAL/INDUSTRIAL FEES

TOWNSHIP USE:

CHANGE OF OWNERSHIP
Initial Inspection: \$104.50/Unit
RE-INSPECTION
Residential: \$39.50/Unit

CHANGE OF OWNERSHIP
Initial Inspection: \$204.50/Unit
RE-INSPECTION
Commercial/Industrial: \$39.50/Unit

FOLIO: _____
CHECK # _____ CASH
AMOUNT \$ _____

I HEREBY CERTIFY THAT THE PROPOSED CERTIFICATE OF OCCUPANCY IS AUTHORIZED BY THE OWNER OF RECORD, THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE, AND FEDERAL LEGISLATION.

SIGNATURE OF APPLICANT

DATE