

# UPPER PROVIDENCE TOWNSHIP

## DEPARTMENT OF CODE ENFORCEMENT

935 N. Providence Road, Media, PA 19063

PHONE: 610-565-4944 FAX: 610-565-8924

### USE AND OCCUPANCY CERTIFICATE APPLICATION

Date: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Business name if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Property Owner Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Current Address \_\_\_\_\_

Buyers Name (If Resale): \_\_\_\_\_ Phone #: \_\_\_\_\_

Buyers Current Address: \_\_\_\_\_

Lessee's Name (If Lease): \_\_\_\_\_ Phone #: \_\_\_\_\_

Lessee's Current Address: \_\_\_\_\_

Please select one of the following:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

Proposed use: \_\_\_\_\_ (Attach fact sheet from MLS or similar)

**Please circle Y (Yes) or N (No).**

Detached garage Y or N

Swimming Pool Y or N In-ground \_\_\_\_\_ Above ground \_\_\_\_\_

Storage sheds Y or N # of sheds \_\_\_\_\_

Apartments Y or N # of apartments \_\_\_\_\_

- Has this property been granted a Variance or Special Exception by the Township Zoning Hearing Board? Y or N If yes, attach copy of Order received.
- Has this property been granted a Conditional Use by Township Council? Y or N If yes, attach a copy of approval obtained.

➤ **If the inspection fails, a re-inspection will be required and must be paid for prior to the re-inspection**  
**\*\*\*\*\* Allow up to 5 business days AFTER inspection for complete processing \*\*\*\*\***

**\*\* Certificates may be emailed or picked up in person at the Township Building. Please select below:**

I will pick up \_\_\_\_\_ Please email to \_\_\_\_\_

*I hereby certify that the statements contained herein are true to the best of my knowledge and belief*

**Applicant signature** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

#### OFFICE USE ONLY

Application Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Inspection Date \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED \_\_\_\_\_

Re-inspection Application Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Re-inspection Date \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED \_\_\_\_\_