

**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**

*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