

# UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY RENTAL U&O APPLICATION

**Please submit application as soon as possible for sufficient processing time.**

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The U&O inspection process will consist of the following:**

1. Address numbers min. 3" in height with a contrasting background must be visible.
2. Smoke alarms are required in a common area of each level and in each sleeping room.
3. Carbon monoxide alarms are required in the vicinity of sleeping rooms.
4. Curbs and sidewalks must be maintained in acceptable condition.
5. Pressure relief valves for water heaters and boilers must be piped to within 6" of grade.
6. Stair flights with 4 or more risers must have a handrail.
7. Walking surfaces >30" above adjacent grade must have guardrails.
8. Any open permits on the property must be closed.
9. There may not be any active violations on the property.
10. A statement from the purchaser must be provided accepting responsibility to correct any outstanding violations within a reasonable time period for any conditional U&O approvals.
11. Items 8 and 9 may not be subject to conditional U&O approvals.
12. Conditional U&O approvals may be subject to advance reinspection fees or additional processing fees as necessary.

Property History Survey Please answer the following questions:

1. Is there a detached garage on this property? \_\_\_\_\_
2. Is there a swimming pool on this property? \_\_\_\_\_ Above Ground \_\_\_\_\_ In-ground \_\_\_\_\_
3. Are there storage sheds on this property? \_\_\_\_\_ How Many? \_\_\_\_\_
4. How many dwelling units are on this property? \_\_\_\_\_
5. How many are currently occupied? \_\_\_\_\_
6. Are there off street parking spaces available? \_\_\_\_\_ How Many? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form I certify that I have read and understand the inspection process, and that all information provided is accurate to the best of my knowledge.*

**AFTER SUBMITTING APPLICATION AND PAYMENT TO UPPER PROVIDENCE TOWNSHIP  
CALL LINN ARCHITECTS TO SCHEDULE THE INSPECTION 610-566-7044**

**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 \*\*\*\*\***

**Please attach a fact sheet from MLS or Similar**

# UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY RENTAL U&O APPLICATION

Last Inspection Date: \_\_\_\_\_

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

Current Property Owner Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Property Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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



## OFFICE USE ONLY

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

Inspection Date \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ Rec'd from: \_\_\_\_\_

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

Re-Inspection Date \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ Rec'd from: \_\_\_\_\_

Approved By: \_\_\_\_\_