

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY
RESIDENTIAL RESALE U&O APPLICATION**

Please submit application a minimum of 3 weeks prior to Settlement 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. What is the current use of this property _____
5. What is the proposed use of this property _____
6. Is this property currently a rental property _____ Will it be _____

Applicant's Signature _____ Date _____

By signing this form I certify that I have read and understand the inspection process, and that all information provide 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

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Settlement Date: _____

Address of Property: _____

Current Property Owner Name(s): _____

Phone #: _____ Email: _____

Property Owner Current Address: _____

Buyer Name(s): _____

Phone #: _____ Email: _____

Buyer(s) 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: _____