TOWNSHIP OF TINICUM

CO-_____
(OFFICE USE)

97 WANAMAKER AVENUE
ESSINGTON, PA 19029
PHONE: 610 521 3530 FAX: 484 494 4117

CERTIFICATE OF OCCUPANCY INSPECTION APPLICATION

The Undersigned Hereby Requests an Inspection at the Below Listed Premises:

Location of Inspection: _____

Present Owner & Address: _____

_____

Occupancy Permit Mailed to (Name & Address): _____

_____

Contact Person & Telephone number: _____

Email (required): _____

**** Please be advised: we will contact you via email to set up inspection – check your Spam/Junk Folder ****

Buyer Names (If Sale of Property) & Tele Number: _____

Tenant Names (For Rentals) & Tele Number: _____

Please Circle: **Sale* Rental Both How many Bedrooms** _____ **Bathrooms** _____

***If Sale: Will the property be Owner Occupied by the Buyer ? Yes** _____ **No** _____

Check One: Residential: _____ Commercial: _____ Industrial: _____

Approved Use and Occupancy Classification: _____ Approved construction type: _____

** **Non-Residential:** (Commercial) Requires a brief description of use & number of employees. Use reverse side of this paper for listing information.

**** AN ANNUAL INSPECTION IS REQUIRED EACH YEAR FOR RENTAL DWELLINGS ****

Inspection Fees:

_____	$200.00	Commercial- New Construction/Renovations
_____	$150.00	Commercial – Change of Ownership / Change of Tenant
_____	$150.00	Annual Rental Dwelling Permit & Inspection
_____	$150.00	Change of Owner for a Rental, Conditional, Flip Property or LLC
_____	$ 75.00	Residential/Change of Ownership/Owner Occupied
_____	$ 75.00	Residential /New Construction / Owner Occupied

Notice: Please be advised, if a re-inspection is required, the re-inspection fee must be paid prior to scheduling the re-inspection appointment. The cost is half of the initial inspection fee. The Township recommends you check the property with the Check list, prior to the Township Occupancy Inspection to avoid extra fees.

Notice: If inspection does not pass on the first appointment, it is up to the discretion of the Code Enforcer if corrected pictures can be sent. If so, pictures MUST be sent within 15 days or re-inspection fee will need to be paid.

_____ _____ _____

Signature of Applicant **Date** **Fee Paid**

***** All Inspections requiring in Excess of One Hour to complete, shall incur additional fees at the rate of $100.00 per Hour.**

**** Any Person, Firm or corporation violating any of the provisions of this Ordinance shall, upon summary conviction, be liable to pay a fine of Three Hundred Dollars ($300) and costs of prosecution and in default of the payment of said fine and cost, shall be incarcerated for a term not exceeding thirty (30) days.**