

# UPPER PROVIDENCE TOWNSHIP DEPARTMENT OF CODE ENFORCEMENT USE AND OCCUPANCY APPLICATION

**Please submit application a minimum of 3 weeks prior to Settlement for sufficient processing time**

Date: \_\_\_\_\_ Settlement 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 (\$100)** \_\_\_\_\_ **Commercial (\$150)** \_\_\_\_\_

Proposed use: \_\_\_\_\_

**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.

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

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*

### Attach fact sheet from MLS or similar

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

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: \_\_\_\_\_