BOROUGH OF COLWYN
221 Spruce Street
Colwyn, PA 19023
Phone: 610-461-2000
www.colwynborough.com

USE & OCCUPANCY APPLICATION

Initial Application/Inspection: $75.00 ● Re-Inspections: $35.00 each

Property Address:_____

Number of Units: _____ Total Square Footage: _____

Reason for Application

- □ Owner Occupied Residential Transfer
- □ Commercial Property Transfer
- □ Rehab to Resell
- □ Residential Rental Property Transfer
- □ Commercial Change of Tenant
- □ Mixed Use □ Lot / Land
- □ Sheriff Sale / Foreclosure (Supporting Documents Required)

Seller Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail Address: _____

Buyer Name(s): _____

Address (No P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail Address: _____

If New Owner is a Company, Corporation, LLC, LLP, etc. please provide the following information:

Chief Operating Officer(s): _____

Address (No P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail Address: _____

Will the Buyer occupy this property as primary residence? □ Yes □ No

If NO, the buyer must submit a Rental Registration with this application

Commercial Use and Occupancy

If the property is being used to operate a business, you must submit this page along with a copy of your Business Privilege License from eCollect and any other applicable licenses (Food Prep, Tobacco, Liquor)

Commercial Tenants

Business Name:

_____

Nature of Business:

_____

Corporate Mailing Address (No PO

Box):_____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail Address: _____

Commercial Transfer of Ownership or Commercial Change of Use / Occupancy Only

Current Use Classification (Select from the categories listed below and provide a brief description)

_____

_____

Proposed Use Classification (Select from the categories below and provide a brief description)

_____

_____

Building Classification / Use Group Information

Please indicate the present building occupancy type / use group. Uses with an (*) must also have an occupancy condition identified. (If the building is mixed use, mark all appropriate classification/use groups). Use Groups are based on the International Building Code and/or International Residential Code and do not pertain to property use as defined by the Chester Township Zoning Code.

□ R-1	□ A-4	□ H-2	□ I-3*
□ R-2	□ A-5	□ H-3	□ I-4
□ R-3	□ E	□ H-4	
□ R-4*	□ E-Day Care	□ H-5	□ M
□ A-1	□ F-1	□ B	□ S-1
□ A-2	□ F-2	□ I-1 *	
□ A-3	□ H-1	□ I-2*	□ S-2

Please Note: Certain information regarding new commercial ownership / occupancies must be provided to the Chester Township Fire Department for inclusion in the Delaware County Emergency Services database. This information is critical for use during emergency events. All applicants must complete the attached Fire Department Occupancy Information Sheet and submit it with this application. This form is required for all commercial buildings, including properties with three or more dwelling units. The information will be forwarded to the Delaware County Emergency Dispatch Center to assist with Police, Fire, or EMS responses at the property.
The issuance of any Use & Occupancy Certificate, including Temporary Certificates, does not constitute a representation, guarantee, or warranty of any kind by Upper Darby Township or its officials or employees regarding the safety, soundness, habitability, or quality of the premises, or any systems therein (e.g., plumbing, heating, electrical, or structural components). Chester Township and its officials assume no liability for deficiencies in the property or its systems. This application is solely for the purpose of property transfer or change of use / occupancy and is not associated in any way with a Certificate of Occupancy required under the Pennsylvania Uniform Construction Code.

I certify that I am authorized by the owner to submit this application and will serve as the primary point of contact for all communications regarding this transaction. L&I will only provide transaction status updates to person listed below:

_____

Agent's Name *(Please Print)* Agent's Signature Date

_____

Agent's Telephone Number Agent's E-Mail Address

_____

Property Owner's Name *(Please Print)* Property Owner's Signature Date

_____

Owner's Telephone Number Owner's E-Mail Address

OFFICE USE ONLY

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DATE RECEIVED: _____ RECEIVED BY: _____

PAYMENT AMOUNT: $_____

☐ Credit Card ☐ Money Order

#_____ #_____