

TOWNSHIP OF LOWER CHICHESTER
1410 MARKET STREET, LINWOOD
DELAWARE COUNTY, PENNSYLVANIA 19061
APPLICATION FOR CERTIFICATE OF OCCUPANCY
CODIFIED ORDINANCE CHAPTER 1446, ET SEQ.

Owner(s) Name (Must include all titled owners):

Physical Address of Owner, other than the property for which Certificate of Occupancy is being given:

(MUST PROVIDE A HOME ADDRESS, APPLICATIONS WILL NOT BE ACCEPTED WITH ONLY A PO BOX)

Email Address _____

Telephone number of Owner

(Home) _____ (Work) _____ (Cell) _____

Emergency Contacts other than owner (OWNER WILL BE CONTACTED FIRST):

1. Name _____ (H) _____ (Cell) _____

2. Name _____ (H) _____ (Cell) _____

Address of Property for which Certificate of Occupancy is requested:

Use of Property for which Certificate of Occupancy is requested:

Name of all lessees of property:

Name _____
SS# _____

Name _____
SS# _____

Names and ages of Children:

Telephone number(s) of Lessee(s) or Occupant(s) of the premises for which the Certificate of Occupancy is requested:

(Home) _____ (Work) _____ (Pager/Cell) _____

(Home) _____ (Work) _____ (Pager/Cell) _____

Name of all other adults residing in the property:

Name _____ Name _____

THE FOLLOWING IS FOR EMERGENCY PURPOSES:

Subsidized Housing _____ YES _____ NO

Subsidizing Agency _____

Case Worker's Name _____ Phone Number _____

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any certificate issued as a result of my false application, and such other penalties as may be prescribed by law. I hereby agree to notify the Township within 48 hours of any changes to the above information.

Name & Number of contact person for inspection: _____

Owner Signature: _____ Date: _____