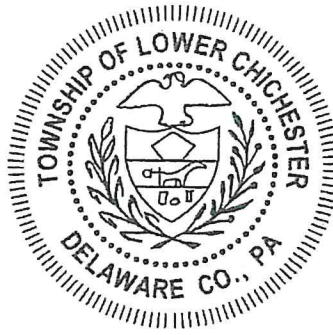


JOSEPH POSSENTI, JR.  
Secretary  
CATHY D'ANGELO  
Treasurer  
FRANCIS CATANIA  
Solicitor  
JOSEPH VISCUSO  
Engineer  
RAYMOND NICKSON  
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1410 Market Street, P.O. Box 1255  
Linwood, PA 19061-7255  
Phone: (610) 485-1472 ~ Fax: (610) 485-1432  
[lowerchitwp@comcast.net](mailto:lowerchitwp@comcast.net)

### APPLICATION CERTIFICATE OF OCCUPANCY-SALE

Date: \_\_\_\_\_

Property being sold: \_\_\_\_\_

Property folio number: \_\_\_\_\_

Seller's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Conveyancer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Settlement Date: \_\_\_\_\_ Check amount: \_\_\_\_\_ Check number: \_\_\_\_\_

The purchase of this property is for: Place of Residence \_\_\_\_\_ or Rental \_\_\_\_\_

The fee for a Certificate of Occupancy is \$150.00 with checks made out to Lower Chichester Township. We ask that requests be made no later than 14 days before the settlement date. The Township requires the house being sold has sewer lateral testing in accordance with Township Ordinance #1042.8-18.

Was a home inspection done? \_\_\_\_\_ By what company? \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

Received Inspection Fee: \_\_\_\_\_

Sewer Lateral test: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Heater Certification: \_\_\_\_\_

Smoke Test: \_\_\_\_\_