



Township of Newtown

209 Bishop Hollow Rd, Newtown Square, PA 19073

tel: 610-356-0200 * fax: 610-356-8722

www.newtowntownship.org

USE & OCCUPANCY FOR TRANSFER OF REAL ESTATE

INSTRUCTIONS FOR USE & OCCUPANCY

- Complete and sign application form **DOCUSIGN IS ACCEPTABLE**
- Email Address required as the Certificate is provided via email
- Include associated fees – application will not be processed without fees
 - Commercial- \$125
 - Residential - \$100
- Allow 10 business days to process and receive Certificate of Use & Occupancy
- An Inspection is required prior to receiving the Certificate of Use & Occupancy
(See following page for inspection items)
- Occupancy is prohibited without Inspection or prior Township Authorization
- **RECYCLING BIN MUST STAY WITH THE PROPERTY**
- A Sanitary Sewer Inspection is Required (Commercial Properties only)
- Backflow preventer inspection report if applicable
- Fire Sprinkler Inspection report within the last year if applicable
- Current Health license as necessary
- A Building/Zoning Permit is required for all alterations and for Changes in Use of Commercial Properties.
- A Housing Permit is required for Rental Properties



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Residential Transfer of Property

PROPERTY ADDRESS: _____

SETTLEMENT DATE: _____ **FOLIO #:** 30-00-_____

CURRENT OWNER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

PURCHASER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

AUTHORIZED AGENT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Fire Sprinkler report included? **Y/N**

Backflow report preventer included? **Y/N**

Recycling Bin #: _____

BUILDING AND USE OF PROPERTY

ZONING DISTRICT: _____ **WATER SUPPLY (PUBLIC/WELL):** _____

EXISTING USE*: _____ **PROPOSED USE*:** _____

** A CHANGE IN USE REQUIRES THE SUBMISSION OF A BUILDING/ZONING PERMIT OR HOUSING PERMIT APPLICATION*

SEWER/SEPTIC- TAP IN MAY BE REQUIRED*: _____

** TAP IN REQUIRES A PERMIT TO BE SUBMITTED TO THE TOWNSHIP MUNICIPAL AUTHORITY*

APPLICANT SIGNATURE: _____ **DATE:** _____

**BY SIGNING THIS FORM, THE APPLICANT AUTHORIZES THE TOWNSHIP TO ENTER THE PREMISES FOR AN INSPECTION OF THE ITEMS OUTLINED IN THE APPLICATION PACKAGE.*

U&O Certificate #: _____ Date Received: _____

Conformity of Zoning District: _____

Outstanding Violations: _____

Will this be a rental property? (Send application with U&O Certificate) _____



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Commercial Transfer of Property or Leasing of Property

PROPERTY ADDRESS: _____

SETTLEMENT DATE: _____ **FOLIO #:** 30-00-_____

CURRENT OWNER INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

PURCHASER/TENANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

AUTHORIZED AGENT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Sanitary Sewer Inspection provided? **Y/N**

Fire Sprinkler report included? **Y/N**

Backflow report preventer included? **Y/N**

Health license Included? **Y/N**

BUILDING AND USE OF PROPERTY

ZONING DISTRICT: _____ **WATER SUPPLY (PUBLIC/WELL):** _____

EXISTING USE*: _____ **PROPOSED USE*:** _____

** A CHANGE IN USE REQUIRES THE SUBMISSION OF A BUILDING/ZONING PERMIT*

SEWER/SEPTIC- PLEASE INDICATE # OF EDU'S*: _____

** A CHANGE IN USE MAY REQUIRE THE APPLICANT TO OBTAIN ADDITIONAL EDU'S FROM THE TOWNSHIP MUNICIPAL AUTHORITY*

OF EMPLOYEES: _____ **# OF PARKING SPACES:** _____ **MAX OCCUPANT LOAD:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

**BY SIGNING THIS FORM, THE APPLICANT AUTHORIZES THE TOWNSHIP TO ENTER THE PREMISES FOR AN INSPECTION OF THE ITEMS OUTLINED IN THE APPLICATION PACKAGE.*

U&O Certificate #: _____ Date Received: _____

Conformity of Zoning District: _____

Outstanding Violations: _____



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Use & Occupancy for Transfer of Real Estate

Property Address: _____

U&O Certificate #: _____

Inspection Item	Pass/Fail
GFCI outlets	
Sump Pump, drains, downspouts	
Carbon Monoxide Detectors	
Smoke Detectors	
Egress/Exits	
Fire Extinguishers	
Curbs/Sidewalks/Aprons	
Building Numbers	
Building Inspector Signature & Date of Inspection	