



RESIDENTIAL USE AND OCCUPANCY

Lower Southampton Township
1500 Desire Avenue, Feasterville, PA 19053
215-357-7300

Application Date: _____ Settlement/Occupancy Date: _____

Applications must be submitted a minimum of 30 days prior to settlement/occupancy.

Proposed Use: <i>please select category</i>		
<input type="checkbox"/> Single Family Dwelling	\$90.00	complete section A
<input type="checkbox"/> Apartment	\$40.00	complete section B
<input type="checkbox"/> Mobile Home	\$45.00	complete section C
<input type="checkbox"/> Group Home	\$90.00	complete section D

Section A (Single Family Dwelling)

Property Address: _____

Contact Person for Inspection: _____

Phone No.: _____ **Email:** _____

Buyer's Agent: _____ Phone No.: _____
Address: _____

Buyer's Name: _____ Phone No.: _____
Address: _____
Total number of occupants: _____
Email: _____

Seller's Agent: _____ Phone No.: _____
Address: _____

Seller's Name: _____ Phone No.: _____
Address: _____

Will you be performing any renovations? please select YES or NO
If yes, Please provide description of renovations: _____

Section B (Apartment)

Apartment Complex: _____

Address: _____

Apartment/Unit Number: _____

Contact Person for Inspection: _____

Phone No.: _____ **Email:** _____

Name of Certificate Holder: _____
Address: _____
Email: _____

Renter's Name(s): _____
Phone No.: _____
Total number of occupants: _____

Section C (Mobile Home)

Property Address: _____ **Lot #** _____

Contact Person for Inspection: _____

Phone No.: _____ **Email:** _____

Buyer's Agent: _____ Phone No.: _____

Address: _____

Buyer's Name: _____ Phone No.: _____

Address: _____

Total number of occupants: _____

Will you be performing any renovations? please select YES or NO

If yes, Please provide description of renovations: _____

Section D (Group Home)

Property Address: _____

Contact Person for Inspection: _____

Phone No.: _____ **Email:** _____

Is Home Licenses by any Agency(Federal, State or Local) *please select* YES or NO

Agency Name: _____ Phone No.: _____

Address: _____

Name of Contact Person: _____

Description of Group Home Use: _____

Number of Occupants: _____

Name of Certificate Holder: _____

Address: _____

Email: _____

Buyer's Agent: _____ Phone No.: _____

Address: _____

Buyer's Name: _____ Phone No.: _____

Address: _____

Total number of occupants: _____

Seller's Agent: _____ Phone No.: _____

Address: _____

Seller's Name: _____ Phone No.: _____

Address: _____

Will you be performing any renovations? please select YES or NO

If yes, Please provide description of renovations: _____

A visual inspection has been made of the above dwelling as stated in the report. There are no guarantees or warranties, neither express nor implied by this inspection. It is recommended that the buyer hire his or her own inspector for a structural analysis. Any property sold or rented without a Use and Occupancy Certificate will receive a **VIOLATION** from Lower Southampton Township along with **DOUBLE FEE** for application.

After your application is approved, you will receive an email from Lower Southampton Township with instructions on who to contact for your inspections. Once inspections are completed and PASSED your Certificate of Occupancy will be emailed to the Buyer or Certificate holder listed on the application.

Applicant's Name (printed): _____

Date: _____

Signature of Applicant: _____

Date: _____

Just a friendly reminder for all applicants of Single Family Dwelling, Mobile Home and Group Home Certificate of Occupancy permits.

- **Deed must be recorded with Bucks County AND Lower Southampton Township promptly after settlement.**
- **All liens filed against the property under transaction must be satisfied prior to settlement.**
- **After your approved Certificate of Occupancy please check with the Township if a permit is required for any alteration or improvement you would like to complete on your property.**

LOWER SOUTHAMPTON TOWNSHIP USE ONLY

Disposition: please select APPROVED or DENIED

Building Code Official Signature: _____ Date: _____

Special Stipulations and or Conditions: _____

PERMIT Number: _____

Date of final PASSED inspection: _____ (inspection report attached)