



TOWNSHIP OF WHITEHALL

CERTIFICATE OF OCCUPANCY INSPECTION REQUEST FORM

FEE PAID \$ _____

Complete this form in its entirety and return it with the appropriate fee to Whitehall Township, BUREAU OF DEVELOPMENT, 3219 MacArthur Road, Whitehall, PA 18052. Any questions, please call 610-437-5524, Ext. 1138.

NOTE: VIOLATIONS MUST BE CORRECTED AND PROPERTY RE-INSPECTED WITHIN 30 DAYS.

CURRENT PROPERTY OWNER: _____

APPLICANT: _____

APPLICANT MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

BUYER NAME (if known): _____ BUYER TELEPHONE: _____

WILL THIS BE AN "AS-IS" SALE? _____ YES* _____ NO *Buyer or Seller Acceptance Form and Fees required to be submitted to Township

WILL THIS BE A RENTAL PROPERTY? YES _____ NO _____ IF SO, COMPLETE INFORMATION BELOW:

RENTAL PROPERTY MANAGER - RESPONSIBLE AGENT INFORMATION (MUST be completed for ALL rental properties):

NAME: _____

ADDRESS: _____

TELEPHONE: _____ AFTER HOURS/CELL #: _____ EMAIL: _____

ADDRESS TO BE INSPECTED: _____

INSPECTION CONTACT PERSON: _____

TELEPHONE: _____ CELL #: _____ EMAIL: _____

FOR THE SALE OF THE PROPERTY

- | | |
|---|--|
| <input type="checkbox"/> SINGLE FAMILY HOME | <input type="checkbox"/> CONDOMINIUM |
| <input type="checkbox"/> TWIN | <input type="checkbox"/> APARTMENT - TOTAL NUMBER OF UNITS _____ |
| <input type="checkbox"/> TOWNHOUSE | |

RENTAL UNITS

- | | |
|---|--|
| <input type="checkbox"/> SINGLE FAMILY HOME | <input type="checkbox"/> CONDOMINIUM |
| <input type="checkbox"/> TWIN | <input type="checkbox"/> APARTMENT - TOTAL NUMBER OF UNITS _____ |
| <input type="checkbox"/> TOWNHOUSE | |

ANY MISSED INSPECTIONS OR ANY PROPERTY NOT READY FOR SCHEDULED INSPECTION MAY BE ASSESSED AN ADDITIONAL FEE.

COMMERCIAL

- | | |
|---|--|
| <input type="checkbox"/> FOR SALE OF PROPERTY | <input type="checkbox"/> CHANGE OF TENANCY |
| <input type="checkbox"/> PROPOSED USE _____ | |
| <input type="checkbox"/> NAME OF PROPOSED BUSINESS _____ | |
| <input type="checkbox"/> SQUARE FOOTAGE OF LEASED SPACE _____ | |

DATE OF INSPECTION REQUESTED: _____ **TIME:** _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ASSIGNED INSPECTOR _____ RE-INSPECTION DATE/TIME _____

VIOLATION(S) IF ANY _____

USE AND OCCUPANCY CLASSIFICATION _____ APPROVED CONSTRUCTION TYPE _____

CONDITION(S) OF C.O. IF ANY _____

INSPECTION FEES

RESIDENTIAL:

Single Family: \$60.00
Apartments: \$30.00 per unit

COMMERCIAL / INDUSTRIAL:

\$150.00 for 1,000 sq. ft. or less *plus* \$20.00 for each additional 1,000 sq. ft. *or* fraction thereof

***ADDITIONAL FEES AND PAPERWORK REQUIRED FOR "AS IS" SALES.
PLEASE CALL THE TOWNSHIP FOR DETAILS**