

# BOROUGH OF WEST CONSHOHOCKEN

Phone: (610) 828-9747 Fax: (610) 828-9646

## USE & OCCUPANCY APPLICATION



This application must be completed in its entirety or it will not be processed.

Residential Fee - \$75 with original application - \$50 Re-Inspection Fee  
Commercial Fee - \$125 with original application - \$50 Re-Inspection Fee

U&O # \_\_\_\_\_

### SECTION 1. Reason for Application

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

- Sale/Transfer of Ownership
- Rental/Change of Tenant

LOCATION OF PROPERTY: \_\_\_\_\_

### SECTION 2. Occupancy Classification

Please indicate the present occupancy type. If building is mixed use, mark all appropriate classifications.

- Single Family Dwelling
- Multi-Family Dwelling
- Apartment Building - # of Units \_\_\_\_\_
- Single Family Dwelling / Rental
- Multi-Family Dwelling / Rental
- Commercial
- Other \_\_\_\_\_

If use is other than residential, please provide a brief description of the activities/processes conducted therein:

### SECTION 3. Present Owner

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

### SECTION 4. Buyer Information (If Applicable)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Does the buyer intend to occupy or reside at the location?  Yes  No

(If the answer is No, Section 5 MUST be completed on the reverse side. If the answer is Yes, skip to Section 6)

**SECTION 5. Change of Tenant/Rental Information**

(Must be completed if application is for change of tenant).

FOR RESIDENTIAL USE ONLY

Residential Tenant Name:	_____	SS #	_____
Residential Tenant Name:	_____	SS #	_____
Residential Tenant Name:	_____	SS #	_____
Residential Tenant Name:	_____	SS #	_____
Residential Tenant Name:	_____	SS #	_____
Residential Tenant Name:	_____	SS #	_____

(attach separate sheet of paper if necessary)

FOR COMMERCIAL USE ONLY

Commercial Tenant Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**SECTION 6. Use & Occupancy Application Agreement**

Application is hereby made to the Borough of West Conshohocken for the approval to use and occupy the aforementioned location in full or part. I agree to comply with all Ordinances and Codes of the Borough of West Conshohocken and the Commonwealth of Pennsylvania. I will not occupy or allow occupancy of any land, structure or building until a Certificate of Occupancy is issued. I understand that any misrepresentation in this application will be grounds for the revocation of the application or the Certificate of Occupancy.

_____	_____
Owner's Signature	Date

I hereby certify that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent.

_____	_____	_____
Agent's Signature	Phone Number	Date

**SECTION 7. Earned Income Tax Registration**

The attached form must be completed and returned with this application.

**SECTION 8. Borough Information**

Information section for new residents.