



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	



TOWNSHIP OF NEWTOWN

Sewer Certification Request Form

Fee \$25

*** Requests will only be fulfilled when done so on this form ***

Property Address: _____

Settlement Date: _____ Folio Number: _____

Applicant Information:

Applicant Type (buyer, seller, agent for, title company, executor): _____

Name/Company: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Seller Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Buyer Information:

Name: _____

Phone: _____ Email: _____

If refinancing please check here

To whom should the certification documentation be transmitted? _____

Fax number: _____

The information provided herein is true and correct to the best of my knowledge. Falsified information will result in the revocation of the Use and Occupancy Certificate and appropriate legal action as provided by the Commonwealth of Pennsylvania. I understand that this requested certification refers solely to amounts due to the Township of Newtown for sewer billing. Please contact the Newtown Township Tax Collector, Marple Newtown School District and Delaware County for Real Estate, School and County taxes.

Applicant Signature: _____ Date: _____