



Springfield Township – Bucks County, Pennsylvania

www.springfieldbucks.org • info@springfieldbucks.org • 610-346-6700 ext. 10

RESALE USE & OCCUPANCY APPLICATION

THIS APPLICATION IS REQUIRED FOR ALL CHANGES IN PROPERTY OWNERSHIP. IT IS RECOMMENDED TO APPLY AT LEAST THREE (3) WEEKS PRIOR TO SETTLEMENT DATE. THE TOWNSHIP WILL NOT BE HELD RESPONSIBLE FOR SETTLEMENT DELAYS DUE TO SCHEDULING, INCOMPLETE PAYMENTS, OR FAILED INSPECTIONS.

☐ **\$150.00 RESIDENTIAL** (INCLUDES TWO INSPECTIONS) ☐ **\$250.00 COMMERCIAL** (INCLUDES TWO INSPECTIONS)

ADDITIONAL INSPECTIONS WILL BE \$25.00 EACH

INSPECTION REQUIREMENTS (APPLICANT INITIAL EACH TO ACKNOWLEDGE)

____ SMOKE DETECTORS IN EACH OF THESE
AREAS: BASEMENT, ATTIC, ATTACHED GARAGE,
COMMON AREAS/ HALLWAYS NEAR
BEDROOMS, AND ONE IN EVERY BEDROOM.

____ DRYER MUST BE VENTED TO OUTSIDE.

____ ANY OUTLET WITHIN SIX (6) FEET OF A WATER
SOURCE, MUST HAVE A GFCI.

____ SEPTIC PUMPING RECORD MUST BE CURRENT
(WITHIN THE LAST THREE YEARS)

____ A ZONING OR BUILDING PERMIT MUST BE ON RECORD FOR EVERY APPLICABLE STRUCTURE ERECTED OR CHANGE OF USE
THAT HAS OCCURRED ON THE PROPERTY.
____ CARBON MONOXIDE ALARMS SHALL BE INSTALLED WHERE FUEL FIRED APPLIANCES ARE PRESENT (1PER FLOOR
INCLUDING BASEMENTS & LIVABLE ATTIC SPACES)

____ GUTTERS & DOWNSPOUTS MUST BE INSTALLED
PROPERLY. NO GREYWATER DISCHARGED ONTO THE
PROPERTY.

____ ANY STAIRWAY WITH THREE (3) OR MORE STEPS
MUST HAVE A HANDRAIL.

____ ALL ELECTRICAL OUTLETS MUST HAVE PLATE COVERS,
AND NO WIRES SHALL BE EXPOSED.

____ HOUSE NUMBERS MUST BE THREE (3) TO SIX (6)
INCHES IN HEIGHT AND VISIBLE FROM STREET.

PROPERTY INFORMATION

SITE ADDRESS: TAX MAP PARCEL #: 42 -

CITY: STATE: PA ZIP:

SETTLEMENT DATE: WILL THIS PROPERTY BE USED AS A RENTAL UNIT? ☐ YES ☐ NO

PROPERTY OWNER INFORMATION

NAME(S): PHONE:

MAILING ADDRESS: CITY: STATE: ZIP:

EMAIL: MAY WE EMAIL REGARDING THIS APPLICATION ? ☐ YES ☐ NO

APPLICANT INFORMATION (WHO WILL BE PRESENT FOR INSPECTION OR PROVIDE ACCESS TO PROPERTY)

NAME: PHONE:

MAILING ADDRESS: CITY: STATE: ZIP:

EMAIL: MAY WE EMAIL REGARDING THIS APPLICATION ? ☐ YES ☐ NO

APPLICATION VERIFICATION

I, _____, CERTIFY THAT I AM THE LEGAL PROPERTY OWNER OF
PARCEL NUMBER: _____, **OR** THAT I AM AUTHORIZED TO APPLY ON BEHALF OF THE LEGAL
PROPERTY OWNER. I HAVE READ AND UNDERSTAND ALL REQUIREMENTS LISTED ABOVE. I UNDERSTAND
THAT NO INSPECTION SHALL BE CONDUCTED WITHOUT A COMPLETE APPLICATION AND PAYMENT.

APPLICANT SIGNATURE:

DATE: