



Springfield Township – Bucks County, Pennsylvania

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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)

\$300.00 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 COMPLETED 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: