

# USE AND OCCUPANCY



**Code Enforcement/Building/Zoning**  
 401 S. Main Street, Hatfield, PA 19440  
 O: (215) 855-0781x108 F: (215) 855-2075  
 Code@HatfieldBorough.com  
 www.HatfieldBorough.com

## PROPERTY RESALE INSPECTION APPLICATION

TMP # _____	DATE _____	SETTLEMENT DATE _____
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### PROPERTY INFORMATION

Number	Street
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### OWNER INFORMATION

First Name	Last Name	Daytime Phone
Email Address		Cell Phone
Number	Street	City/Zip

### SELLING AGENT

First Name	Last Name	Daytime Phone
Email Address		Cell Phone

### POINT OF CONTACT FOR INSPECTION

First Name	Last Name	Daytime Phone
Email Address		Cell Phone

**Sewer Laterals must be televised and report submitted to Hatfield Borough prior to the release of the Use and Occupancy Certification. Reference Ordinance No. 540.**

**SMOKE DETECTORS:** Functioning, one per floor, one per sleeping area, one outside each sleeping area.  
**SUMP PUMPS:** Ejects water to daylight. May not under any circumstances eject in to the sanitary sewer system.  
**STREET ADDRESS:** Minimum of 4 inch numerals of a color contrasting to the background visible from road.  
**REQUIRED FACILITIES:** Plumbing, heating, electrical.  
**TRIPPING HAZARDS:** No severe cracking or heaving of sidewalks.  
**DANGEROUS CONDITIONS:** Any conditions dangerous to life or health.  
**SANITATION:** Interior and exterior property maintained in a clean, safe and sanitary condition.

Owner/Authorized Name _____	Owner/Authorized Signature _____	Date _____
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### FOR HATFIELD BOROUGH USE ONLY

<input type="checkbox"/> Certificate of Occupancy	Inspection Date/Time _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> Conditional Certificate	ReInspection Date/Time _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Certificate Number _____	<input type="checkbox"/> \$55 <input type="checkbox"/> \$110	Inspector _____ Date _____