Swarthmore
Borough

121 Park Avenue, Swarthmore, Pennsylvania 19081
Telephone (610)543-4599*Fax (610)543-1833*www.swarthmorepa.org

Use & Occupancy Permit and Use Registration Application

Date of Application: __________________________

Property Address: ____

Type of Application: (check all appropriate)

Property Sale/Transfer of Ownership_________________Change in Use/Occupancy Class___________

Commercial Property Change in Tenant_______________ New Use________________________

FOR SALE/TRANSFER OF OWNERSHIP ($100.00 Inspection Fee Required Per Unit w/Application)**

Present Property Owner:

Name(s)_______________________________

____

Address_______________________________

____

Phone_________________________________

Settlement Date______________________

Property Buyer:

Name(s)_______________________________________

____

Address_______________________________________

____

Phone____

Agent Contact__________________________________

Phone____

Describe the property and how it is used. Be specific and attach an MLS Fact Sheet. If property has more than one use, include all. (i.e.single-family dwelling, condominium apartment, store on 1st floor with one apartment on second floor. If multi-family list number of swelling units).
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Describe any known variance or conditional use approved for this property. Attach a copy of the decisions, if available:____

Describe any known legal non-conforming use for this property. Attach evidence supporting this use, if available.____

FOR COMMERCIAL PROPERTY CHANGE IN TENANT/NEW USE/CHANGE IN USE/OCCUPANCY CLASS **($100.00 Fee)**

Property Owner Name(s)______________________________ Phone_____________________

Tenant Name(s)_____________________________________ Phone_____________________

Business Name_____________________________________ Phone_____________________

Current Use (if vacant, previous use)___________________________

Proposed Use____

APPLICANT SIGNATURE______________________________________ DATE_______________________

FOR OFFICE USE ONLY

Outstanding bills, charges, fines and fees: Yes________ No____________

If yes, describe____

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Current Use Classification:____

Building Code Official Review/Comments:____

____

Zoning District:___________________________

Zoning Office Review/Comments:____

____

Inspection Appointment Date:______________________ Time:_______________________________

Reinspection Appointment Date:____________________ Time:_______________________________

Inspected By:____