

TOWNSHIP OF LOWER CHICHESTER  
1410 MARKET STREET, LINWOOD  
DELAWARE COUNTY, PENNSYLVANIA 19061  
APPLICATION FOR CERTIFICATE OF OCCUPANCY  
CODIFIED ORDINANCE CHAPTER 1446, ET SEQ.

Owner(s) Name (Must include all titled owners):

Physical Address of Owner, other than the property for which Certificate of Occupancy is being given:

*(MUST PROVIDE A HOME ADDRESS, APPLICATIONS WILL NOT BE ACCEPTED WITH ONLY A PO BOX)*

EmailAddress \_\_\_\_\_

Telephone number of Owner

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contacts other than owner (OWNER WILL BE CONTACTED FIRST):

1. Name \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. Name \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address of Property for which Certificate of Occupancy is requested:

Use of Property for which Certificate of Occupancy is requested:

Name of all lessees of property:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Names and ages of Children:**

Telephone number(s) of Lessee(s) or Occupant(s) of the premises for which the Certificate of Occupancy is requested:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name and age of all other adults residing in the property:

Name \_\_\_\_\_

Name \_\_\_\_\_

**THE FOLLOWING IS FOR EMERGENCY PURPOSES:**

Subsidized Housing \_\_\_\_\_ YES \_\_\_\_\_ NO

Subsidizing Agency \_\_\_\_\_

Case Worker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any certificate issued as a result of my false application, and such other penalties as may be prescribed by law. I hereby agree to notify the Township within 48 hours of any changes to the above information.

Name & Number of contact person for inspection: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_