

Founded 1702
Incorporated 1869



Tel: 215-699-4424
Fax: 215-699-3991

RESIDENTIAL RESALE USE AND OCCUPANCY PERMIT
APPLICATION

DATE: _____

Property Address: _____

Current Use of Property: _____

Seller's Name/s: _____

Buyer's Name/s: _____

Buyer's Phone #: _____ and Cell#: _____

To occupy or use for following:

_____ Single family dwelling

_____ Multi-family dwelling

_____ Other (please specify) _____

Settlement Date: _____

Seller's Agent's Name: _____

Agent's Address: _____

Agent's Phone #: _____ and Cell#: _____

Additional Information: _____

Application is hereby made to the Borough of North Wales for approval to use and occupy the aforementioned location. I agree to comply with all of the Ordinances and Codes of the Borough and the Commonwealth of Pennsylvania. The applicant is responsible for paying the permit fee and scheduling the inspections with the Borough. Rental units are required to be registered with the Borough, additional requirements apply.

Signature of Applicant: _____ Date: _____

Borough of North Wales Residential Resale Use and Occupancy Permit Inspection

Application Complete: (Yes / No) Permit Fee: _____ Form of Payment (Cash / Check)

Date of Inspection _____ Owner/Representative Present _____

Inspection

Exterior Structure: Pass Fail _____

The exterior of the structure shall be maintained in good repair. Exterior wood surfaces shall be protected from the elements and decay by painting or other protective treatment.

House number: Pass Fail _____

The house number shall be visible from the street and shall be Arabic type numerals or letters. Numbers shall be a minimum of 4 inches high.

Exterior Stairs/Handrails: Pass Fail _____

Stairs shall have "graspable" handrails if serving 4 or more risers.

Gutters & Downspouts: Pass Fail _____

Roof drains, gutters and downspouts shall be maintained in good repair. Roof water shall not be discharged directly on to a neighboring property.

Curbs, Sidewalks, & Driveway: Pass Fail _____

Curbs, sidewalks, and driveways shall be in good repair, free from cracks and voids.

Weeds & Overgrowth: Pass Fail _____

Property shall be maintained free of trash, weeds and overgrowth.

Garage/Outbuildings: Pass Fail _____

All accessory structures, including detached garages, fences and walls, shall be maintained structurally sound and in good repair.

Trash/Debris/Combustibles: Pass Fail _____

All exterior property and premises shall be free from any accumulation of trash or debris.

NWWA Approval: Pass Fail _____

The North Wales Water Authority must provide a letter of adequacy approving the condition of the sewer lateral. Contact Authority at 215-699-4836 for more information.

Passed Inspection YES NO

Re-inspection Required YES NO

Borough Official: _____

Signature: _____

Suggestions for Homeowner Consideration – The following are additional property maintenance items that a homeowner may want to take in to consideration:

Doors/Windows: Doors and windows must be in good repair and in working condition.

Interior Stairs/Rail: Stairs shall have “graspable” handrails if serving 4 or more risers.

Ceilings/Floors: All interior surfaces shall be maintained in good, clean and sanitary condition. Peeling, chipping, flaking or abraded paint shall be repaired, removed or covered.

Sanitary Toilets/Sinks: Plumbing fixtures and drains must be in working condition, no leaks.

Smoke Detectors: Smoke detectors are required in each sleeping room and hallway. Provide at least one smoke detector for each floor level.

Carbon Monoxide Detector: Carbon Monoxide detectors are required outside of sleeping room in common hallway.

Clothes Dryer Vented: Dryers shall have metal UL listed non-combustible exhaust ducts and be vented to exterior.

Locking Devices on Doors: Doors with deadbolts shall have the “thumb latch” style control.

GFI Receptacles: GFCI receptacles required if within 6ft of bathroom sink and along kitchen countertops.

Sump Pump: Sump Pumps shall not discharge into the sanitary sewer.

**Borough of North Wales
Earned Income Tax (EIT) Registration Form**

Must be completed by each new resident

Name: _____

Spouse's Name: _____

Borough Address: _____ **Date of Residency:** _____

Please list previous address and resident school district:

Address: _____ **City** _____ **State** _____ **Zip:** _____

School District: _____

Your Employer: _____

Working Jurisdiction (Twp/Boro/City) _____

Spouse's Employer _____

Working Jurisdiction (Twp/Boro/City) _____

Is Earned Income Tax withheld from your Pay? _____ **From Spouse's Pay?** _____

Are you self-employed? _____ **Spouse?** _____

If you have no earned income, please record the reason why: retired/homemaker/temporarily unemployed/disabled/student/minor (please state age)/other (please specify)

You: _____ **Spouse** _____

Your Signature: _____ **Date:** _____