



Permit # _____

TOWNSHIP OF MUHLENBERG
210 George Street
Reading PA 19605

**Application for Certificate of Occupancy
Residential Transfer of Property**

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Owners Name \_\_\_\_\_ Telephone (H) (C) \_\_\_\_\_

Property Address \_\_\_\_\_

Agent Name \_\_\_\_\_ Company \_\_\_\_\_

Agents Telephone \_\_\_\_\_ Lock Box # \_\_\_\_\_

Check one: Single Residence \_\_\_\_\_ Semi-detached \_\_\_\_\_ Apartment \_\_\_\_\_ Number of Units \_\_\_\_\_

Rental Property ? \_\_\_\_\_ Yes \_\_\_\_\_ No **\*\*If this is to be a group home, Township Zoning Ordinance regulates location & requires a conditional use hearing prior to issuance of Occupancy Permit. (If yes, provide buyers mailing address after settlement)**

Prospective Buyer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Anticipated Settlement date \_\_\_\_\_ Date for Code Inspection (Preferred) \_\_\_\_\_

**NEW CERTIFICATE TO BE:**

Faxed to: \_\_\_\_\_ Signature \_\_\_\_\_

E-Mailed to: \_\_\_\_\_ Printed Name \_\_\_\_\_

Picked up by: \_\_\_\_\_ Owner or Agent \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_

**INSTRUCTIONS:**

**Initial Inspection / Certificate Fee: \$200.00 for Property Transfer Certificate. Fee includes \$125.00 for single family dwelling inspection; \$75.00 for certificate fee.**

**Print or type all information – Must be legible.**

**Make check or money order payable to: Muhlenberg Township**

**Send form along with check or money order to:**

**Township of Muhlenberg, 210 George St, Reading PA 19605 – Attn: Customer Service**

***APPLICATION MUST BE COMPLETED & FILED THIRTY (30) DAYS PRIOR TO SETTLEMENT DATE***

**Application for Certificate of Occupancy - Residential Transfer of Property**

**TO BE COMPLETED BY APPLICANT:**

*Note: Initial Inspection Fee - \$125.00 (Single Family) & \$75.00 / each – Multi-Family unit*

**Owner / Agent:** \_\_\_\_\_ **Occupant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address of Unit:** \_\_\_\_\_

**Phone: (O) (C) -** \_\_\_\_\_ **Phone: (H) (C)** \_\_\_\_\_

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Type: **Single Family** _____ **Two Family** _____ **Multi-Family** _____ **Number of Units** _____

Construction: **No. of stories above grade** _____ **No. of stories below grade** _____
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**To be completed by applicant** – Will be verified by Township Inspector – Min. Std & Operability only

| <b><u>BASIC FACILITIES:</u></b> | <b><u>YES</u></b> | <b><u>NO</u></b> | <b><u>ELECTRIC SERVICE</u></b>                                                                                                        | <b><u>YES</u></b> | <b><u>NO</u></b> |
|---------------------------------|-------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|
| (Kitchen) Sink                  | _____             | _____            | Min. (2) wall outlets & (1) light – each habitable room _____<br>*ALL kitchen countertop, bathroom & outdoor receptacles must be GFCI | _____             | _____            |
| Stove                           | _____             | _____            |                                                                                                                                       | _____             | _____            |
| Refrigerator                    | _____             | _____            |                                                                                                                                       | _____             | _____            |
| Cabinets or shelves             | _____             | _____            |                                                                                                                                       | _____             | _____            |

**(Room affording privacy with properly operable:**

|                   |       |       |                              |       |       |
|-------------------|-------|-------|------------------------------|-------|-------|
| Toilet            | _____ | _____ | Carbon Monoxide Detectors    | _____ | _____ |
| Lavatory Sink     | _____ | _____ | * One per floor – Central    | _____ | _____ |
| Bathtub or Shower | _____ | _____ | Smoke Alarms:                | _____ | _____ |
|                   |       |       | 1 per floor & inside each BR | _____ | _____ |

Hot / Cold water supply to kitchen & bathrooms \_\_\_\_\_  
 Heating System \_\_\_\_\_

Electrical Service Capacity (AMP) \_\_\_\_\_

Central Air \_\_\_\_\_

**Safe / Sanitary Maintenance:**

Every public walkway, driveway & curbing in good repair – free of cracks, breaks & tripping hazards \_\_\_\_\_

Safe & unobstructed means of exit to ground level– (Fire Egress) \_\_\_\_\_

Every foundation, roof, ext. walls, doors, skylight and windows in good repair \_\_\_\_\_

Structurally sound handrails, guards, stairways, decks & porches \_\_\_\_\_

Every interior wall, ceiling, interior/exterior porches, stairs, & appurtenances in good repair & safe \_\_\_\_\_

House number clearly displayed \_\_\_\_\_

Sump Pump \_\_\_\_\_

Public Water Service \_\_\_\_\_

Public Sewer Service \_\_\_\_\_

Inspection Date by Inspector \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Inspectors Signature \_\_\_\_\_