

2203 Second Street Pike  
Wrightstown, PA 18940  
215-598-3313  
215-598-0529 FAX



Permit#: _____
Fee: _____
Check #: _____
Date: _____

**OCCUPANCY PERMIT APPLICATION**

All information **MUST** be filled out completely.

Property Address to be Inspected: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

Number of Existing Dwelling Units: \_\_\_\_\_ Settlement Date: \_\_\_\_\_

Owner Occupied: YES \_\_\_\_\_ NO \_\_\_\_\_

Current Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prospective Buyer/Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Realtor: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Septic: \_\_\_\_\_ Date Inspected: \_\_\_\_\_ O&M Agreement: Yes \_\_\_\_\_ NO \_\_\_\_\_

Easements: YES \_\_\_\_\_ NO \_\_\_\_\_ Type: \_\_\_\_\_

Is the home equipped with Residential Sprinkler System: YES \_\_\_\_\_ NO \_\_\_\_\_

**\*IF YES, CERTIFICATION IS REQUIRED.**

The Applicant agrees to pay all expenses incurred by the Township pertaining to this application. They shall include, but not be limited to, legal and engineering expenses.

The Applicant is responsible for scheduling the inspection with the Township. The Code Enforcement Department ***MUST*** have at least two (2) weeks notice prior to the inspection date. This will allow for adequate time for corrective actions should they be needed. Inspection appointments will only be made after payment is received.

**NOTES:** DESCRIBE ALL IMPROVEMENTS, INCLUDING ACCESSORY STRUCTURES (sheds, gazebos, fences, etc.), AND IF PERMITS WERE OBTAINED FOR THESE IMPROVEMENTS.

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Realtor Sign on Property: YES \_\_\_\_\_ NO \_\_\_\_\_

Realtor Sign Permit Valid for Current Year: YES \_\_\_\_\_ NO \_\_\_\_\_

\*If NO, Realtor Sign Permit must be obtained and \$65.00 payment received by the Township

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Signature

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Title (Buyer, Seller, Realtor)