

Permit # _____

(Date Stamp)

UPPER SAUCON TOWNSHIP

NONRESIDENTIAL TRANSFER OF OWNERSHIP/LEASEHOLD PERMIT APPLICATION

WHO TO CALL:

- Keycodes Inspection Services (610-866-9663) for technical questions and scheduling of inspections

APPLICANT PLEASE NOTE: It is the your responsibility to contact Keycodes to schedule required inspection(s) of the property. All property inspections will be completed in accordance with the applicable regulations set forth in the International Property Maintenance Code as adopted by Upper Saucon Township Ordinance Number 146.

Property/Leasehold Address: _____

Applicant Name: _____ Primary Phone # _____

Applicant Mailing Address: _____ Email: _____

New Owner/Leaseholder Name (if different than Applicant): _____

New Owner Mailing Address (if different than Applicant): _____

Email: _____ Primary Phone #: _____

Previous Owner/Leaseholder: _____

Previous Use of Property/Leasehold: _____

Proposed Use of Property/Leasehold: _____

Has a Zoning Permit been issued for the new proposed use? YES NO*

*If no, please contact Upper Saucon Township Zoning Officer Trent Sear at (610) 282-1171 ext. 254 for a determination of the need for a Zoning Permit

Square footage of tenant space: _____

Is a fire services key box (Knox Box) currently installed at the Property/Leasehold? YES NO*

*If a Knox Box is not currently installed, the applicant should contact Upper Saucon Township Fire Chief Chuck Castetter at 610-791-0266 for an application. The installation of a Knox Box is required prior to the issuance of a Certificate of Occupancy.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either. By signing this application, agent of the owner or lessee represents that s/he is authorized by the owner or lessee to sign the application on his or her behalf.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision(s) of the code(s) applicable to such permit. To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to "Unsworn Falsification to Authorities".

Applicant's Signature

Date

Print Name of Applicant