

**Residential Resale Certification Application
(3 Units or more is considered commercial)**

**Upper Darby Township
100 Garrett Road Rm. 109
Upper Darby, PA 19082**

Phone No. 610-734-7613

Fax No. 610-734-7638

E-mail: Dwomack@upperdarby.org

Address of property being sold _____

Agent's Name & Company (if applicable) _____

Agents Address _____

Phone Number _____ Fax _____ E-Mail _____

(Providing an e-mail will speed the process, if none is provided you will have to wait for regular mail delivery)

Seller(s) _____

New Address _____

Phone Number _____ E-Mail _____

(Providing an e-mail will speed the process, if none is provided you will have to wait for regular mail delivery)

Is the property a: Single, Twin, or Row? _____ Is this a duplex? Y N

Is this currently a rental property? Y N

Buyer(s) _____

Address _____

Phone Number _____ E-Mail _____

(Providing an e-mail will speed the process, if none is provided you will have to wait for regular mail delivery)

Do you plan on adding units or changing the use of this property? Y N

Will this be a rental property? Y N

Folio # ____ - _____ - _____

Zoning District _____

Settlement Date _____ **(If the settlement date is within 15 business days, the fee is \$90. If the Settlement date is 15 business days or more then the fee is \$70.)**

Please remember to sign the bottom of the application, and include the smoke detector and house number affidavit with this application.

Signature of Applicant _____ **Date** _____