

**Residential Refinance 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 _____

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)

Owner(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

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** _____

Folio # _____ - _____ - _____

Zoning District _____