

UPPER DARBY TOWNSHIP
COMMERCIAL RESALE REQUIREMENTS

The inspection for a commercial transaction will consist of the following, so please be prepared to show compliance in the following areas:

- ❑ **Exterior Property Maintenance-** the public curbing & sidewalk must be maintained in a safe condition, the exterior area of the property must be free from trash & debris(**it is the commercial property's responsibility to haul all trash from the property including required recycling**), proper trash receptacles must be provided, street numbers must be clearly visible, etc.
- ❑ **Means of Egress-** the proper number of exits must be provided, doors must be in working condition and free from any excessive locking devices from the egress side, stairs must be maintained in a safe condition and handrails provided, clear egress paths must be provided throughout the building, emergency lighting & exit signs may be required and any existing equipment must be operable, etc.
- ❑ **Fire Protection Systems-** all existing fire protection systems including but not limited to: sprinklers, automatic extinguishing systems, alarm systems, manual fire extinguishers, and wet or dry standpipes are required to be inspected, tested, and maintained by a qualified agency. **Documentation of these inspections tests and maintenance will be required to be provided to the Township.** In some cases it may be required that these systems be installed as a result of your new business.
- ❑ **Heating & Cooling Systems-** equipment must be maintained in a safe and working manner, equipment must be properly vented, adequate combustion air must be provided, and clearances to combustible materials must be maintained.
- ❑ **Plumbing Systems-** an adequate number of bathrooms and hand sinks must be provided and maintained in a working manner, additional sanitary facilities may be required by the Health Department, all sanitary drainage and supply piping for the system must be maintained free from cracks, leaks, etc.
- ❑ **Electrical Systems-** The electrical system must be maintained in a safe manner, open junction boxes, missing outlets in cutout boxes, frayed wiring, improper connections, exposed non-metallic sheathed wiring, damaged service panels or entrance conductors, etc. will be required to be addressed by a qualified master electrician. An adequate number of general use receptacles will also be required to discourage the use of extension cords. **Extension cords are only permitted to serve only one portable appliance and they may not be run through walls, floors, under doors etc.**
- ❑ **Interior Property Maintenance-** storage must be in a clean and organized manner, high piling of storage will not be permitted in most cases, penetrations, holes, etc. in building must be repaired, fire resistance ratings for doors, etc. must be maintained and possibly upgraded, adequate ventilation and lighting must be provided, and the property must be kept free from pests.
- ❑ **Any questions may be directed to Mr. David Womack. His contact information is as follows:**
- ❑ **E-mail: dwomack@upperdarby.org Phone: (610)734-7613 Fax: (610)734-7638**
- ❑ **Mailing Address: 100 Garrett Road Rm. 109 Upper Darby, PA 19018 Attn: David Womack**

I attest that I have read and understand the above stated requirements, and will comply with all applicable regulations prior to settlement.

Signature of Applicant

Date

Folio # 16-_____-_____-_____ Zoning District_____

UPPER DARBY TOWNSHIP LICENSES AND INSPECTION
APPLICATION FOR COMMERCIAL RESALE CERTIFICATION

ADDRESS OF PROPERTY BEING SOLD_____

AGENT'S NAME & COMPANY(if applicable)_____

AGENT'S ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____FAX_____E-

Mail*_____

CURRENT OWNER_____

CURRENT OWNERS HOME ADDRESS_____

PHONE_____FAX_____E-

Mail*_____

CITY_____STATE_____ZIP_____

BUYER_____

—

BUYER'S HOME ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____FAX_____E-

Mail*_____

DESCRIBE THE TYPE OF PROPERTY_____

WHAT IS THE CURRENT USE?_____

WILL THE USE OF THE BUILDING BE CHANGED YES [] NO []

IF YES, WHAT WILL THE NEW USE OR USES BE?_____

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WILL YOU BE DOING ANY RENOVATIONS? YES [] NO [] IF YES, EXPLAIN
(RENOVATIONS MAY BE REQUIRED FOR YOUR PROPERTY TO ACHIEVE CODE COMPLIANCE)

PLEASE LIST ANY ADDITIONAL INFORMATION THAT MAY BE PERTINENT TO THIS APPLICATION:

PLEASE LIST THE NAMES OF ALL BUSINESSES LOCATED AT THIS PROPERTY

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Folio # 16-_____-_____-_____ Zoning District_____

SETTLEMENT DATE _____ (IF THE SETTLEMENT DATE IS WITHIN 15 BUSINESS DAYS, THE FEE FOR THIS APPLICATION IS \$150. IF THE SETTLEMENT DATE IS 15 BUSINESS DAYS OR MORE THEN THE FEE IS \$110.)

IS THIS BUILDING SPRINKLERED YES [] NO []

IS THERE AN EXISTING FIRE ALARM SYSTEM YES [] NO []

*(PROVIDING AN E-MAIL ADDRESS FOR ALL PARTIES INVOLVED WILL EXPEDITE THIS PROCESS)

PLEASE TURN TO THE NEXT PAGE.

UPPER DARBY TOWNSHIP LICENSES AND INSPECTIONS
APPLICATION FOR COMMERCIAL RESALE CERTIFICATION

ADDRESS OF PROPERTY BEING SOLD _____

<p>IS THERE A BASEMENT AREA? YES [] NO []</p> <p>IF YES, WHAT IS IT USED FOR? _____</p> <p>IF RESIDENTIAL, HOW MANY UNITS _____ BEDROOMS PER UNIT _____</p> <p>WHAT IS THE FLOOR AREA (SQUARE FEET) _____ NUMBER OF EXITS _____</p> <p>HOW MANY BATHROOMS ARE THERE _____</p>

<p>IS THERE A 1ST FLOOR AREA? YES [] NO []</p> <p>IF YES, WHAT IS IT USED FOR? _____</p> <p>IF RESIDENTIAL, HOW MANY UNITS _____ BEDROOMS PER UNIT _____</p> <p>WHAT IS THE FLOOR AREA (SQUARE FEET) _____ NUMBER OF EXITS _____</p> <p>HOW MANY BATHROOMS ARE THERE _____</p>

<p>IS THERE A 2ND FLOOR AREA? YES [] NO []</p> <p>IF YES, WHAT IS IT USED FOR? _____</p> <p>IF RESIDENTIAL, HOW MANY UNITS _____ BEDROOMS PER UNIT _____</p> <p>WHAT IS THE FLOOR AREA (SQUARE FEET) _____ NUMBER OF EXITS _____</p> <p>HOW MANY BATHROOMS ARE THERE _____</p>

<p>IS THERE A 3RD FLOOR AREA? YES [] NO []</p> <p>IF YES, WHAT IS IT USED FOR? _____</p> <p>DESCRIBE ANY OTHER AREAS BEING USED _____</p> <p>WHAT IS THIS USED FOR? _____</p> <p>IF RESIDENTIAL, HOW MANY UNITS _____ BEDROOMS PER UNIT _____</p> <p>WHAT IS THE FLOOR AREA (SQUARE FEET) _____ NUMBER OF EXITS _____</p> <p>HOW MANY BATHROOMS ARE THERE _____</p>
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Folio # 16-_____-_____-_____ Zoning District_____

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT
