

UPPER DARBY TOWNSHIP

100 Garrett Road. Upper Darby, PA 19082-3135

Phone: (610) 734-7613 Fax: (610)734-7638 Email: li@upperdarby.org

Commercial Resale

NOTE:

- Failure to answer any of the questions in this application will result in an automatic denial of your application.
- All violations are sent via email. Failure to provide an email address waives your right to be notified of violations, which all parties to a sale are responsible for.
- The attached "Sewer lateral Inspection Form" must be completed and submitted for all real estate resales in Upper Darby Township.
- The "Sewer Lateral Inspection Form" must be signed by the buyer.

Address of property being sold:	
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Agent's Name:	
Agent's Address:	
Agent's Email:	Agent's Phone #:

Seller's Name:	
Seller's Address:	
Seller's Email:	Seller's Phone #:

Buyer's Name:	
Buyer's Address:	
Buyer's Email:	Buyer's Phone #:

Contact Person's Name:	
Contact Person's Phone number	
Contact Person's Email Address	

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What are the current uses of the building?			
What will the building be used as?			
List the names of all businesses located at this property:			
Will materials be warehoused on site?	Y or N	If yes, where?	
Does this building have residential use?	Y or N	If yes, all units must have up to date rental licenses from the Code Enforcement Department	
Will any renovations be done or signs installed or changed?	Y or N	If yes, permits will be required, and please describe work to be done below:	

Will the basement area be used?	YES or NO	If yes, what for?	
Square footage of basement		How many exits?	
How many bathrooms?			

Will the 1 st floor area be used?	YES or NO	If yes, what for?	
Square footage of 1 st floor		How many exits?	
How many bathrooms?			

Will the 2 nd floor area be used?	YES or NO	If yes, what for?	
Square footage of 2 nd floor		How many exits?	
How many bathrooms?			

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Will the 3rd floor area be used?	YES or NO	If yes, what for?	
Square footage of 3rd floor		How many exits?	
How many bathrooms?			

Will the 4th floor area be used?	YES or NO	If yes, what for?	
Square footage of 4th floor		How many exits?	
How many bathrooms?			

Will the 5th floor area be used?	YES or NO	If yes, what for?	
Square footage of 5th floor		How many exits?	
How many bathrooms?			

Will the 6th floor area be used?	YES or NO	If yes, what for?	
Square footage of 6th floor		How many exits?	
How many bathrooms?			

Will you be using any other area?	YES or NO	If yes, what for?	
Square footage of this area		How many exits?	
How many bathrooms?			

FEES

Less than 20,000 square feet	\$250.00
More than 20,000 square feet	\$500.00

Amount enclosed	\$
Check number	

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Seller's or Agent's Signature	
Print Name	Date:

Buyer's Signature	
Print Name	Date:

The inspection for a commercial resale consist of the following, check each box to indicate you have read the requirements and are prepared to show compliance in the following areas:

Exterior Property Maintenance: The public curbing and sidewalk must be maintained. It is a commercial property owner's responsibility to:

- Remove trash from the property (including required recycling)
- Provide proper trash receptacles.
- Provide clearly visible street numbers.
- Exterior building finishes and grounds must be maintained.

Means of Egress:

- Provide the proper number of exits.
- Door must be in working condition and free from excessive locking devices.
- Stairs must be maintained in safe condition and handrails provided.
- Clear egress paths must be provided throughout the building.
- Emergency lighting and exit signs may be required and any existing equipment must be operable.

Fire Protection Systems: All existing fire protection systems are required to be tested, inspected, and maintained by a qualified agency. This includes and is not limited to:

- smoke alarms
- CO alarms
- sprinklers
- alarm systems
- manual fire extinguishers
- automatic fire extinguishers
- wet or dry standpipes

DOCUMENTATION OF THESE INSPECTIONS, TESTS, & MAINTENANCE WILL BE REQUIRED IN ORDER TO PASS YOUR FINAL INSPECTION.

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Heating and 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 combustibles must be maintained.
- Out of service equipment must be removed

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 water piping must be kept free from cracks, leaks, etc.
- Sump pumps are not permitted to discharge into the sanitary system.

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 Romex, open circuit breaker slots, and damaged service entrance cables, etc. must be addressed by a qualified master electrician.
- An adequate number of general use receptacles will be required to limit 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 the building must be repaired,
- Fire resistance ratings for walls, doors, etc. must be maintained and in some cases upgraded, adequate light and ventilation must be provided, and the property must be kept free from pests.

All inspections must be completed, and any subsequent violations found must be corrected prior to the resale certificate being issued in most cases.

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AFFIDAVIT OF THE PRESENCE OF WORKING:

- CARBON MONOXIDE ALARM
- SMOKE ALARMS
- VISIBLE ADDRESS NUMBERS
- MECHANICAL SYSTEMS

**THIS PAGE MUST BE COMPLETED BY THE
SELLER OR AUTHORIZED AGENT &
NOTARIZED**

Commonwealth of Pennsylvania

County of Delaware

Township of Upper Darby

Address	
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The undersigned, _____, being duly sworn, hereby deposes and states:

1. I am the owner, or authorized representative of the owner, for the above listed property.
2. That a working ANSI/UL2034 or 2075 carbon monoxide alarm will be located within the vicinity of bedrooms.
3. That I will provide a working smoke alarm in each individual bedroom and on each floor.
4. That I will provide house numbers a minimum of 3" in height on the front of the structure, and the rear of any structure with a common area, between 5-10' in height and placed in a manner that makes them visible from the curb line.

I declare to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20_____

Signature

Notary Acknowledgement

Commonwealth of Pennsylvania, Court of _____, ss:

Notary Public

Title (and rank)
My commission expires

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DEPARTMENT OF LICENSES & INSPECTIONS

100 Garrett Road Room 109. Upper Darby, PA 19082 Phone: (610)734-7613

Email: li@upperdarby.org

Date of sewer lateral camera inspection: ___ / ___ / _____ *Return completed form to Upper Darby Township L&I*

PLUMBING COMPANY INFO	PROPERTY INFORMATION
Name of Company	Property Owner
Address	Address
City: _____ State: _____	City: _____ State: _____
Phone #:	Phone#:
PA Cont Lic #:	This sewer lateral inspection failed if you answered:
Master Plumber #:	Yes to line items A, B, C, D, & E
NASSCO Cert#:	No to line item G

<h2 style="margin: 0;">Sewer Lateral Inspection Report</h2> <p style="margin: 0;">Form must be completed & signed by the tech performing the inspection</p>	WORK PERFORMED	
	YES/ NO	
A. Are any of the drains connected to the sewer? If yes, where?	Y	N
B. Are any sump pumps connected to the sewer? If yes, where?	Y	N
C. Does the sewer line have breaks, cracks, or separated joints?	Y	N
D. Are there any roots in the sewer line? If yes, was cable run to clear?	Y	N
E. Is there evidence of I&I (Inflow & Infiltration) If no, explain	Y	N
F. Was the inspection recorded?	Y	N
G. Does the sewer lateral function as designed?	Y	N

License Plumber's Signature: _____ Date: ___ / ___ / _____

Buyer's Signature : _____ Date: ___ / ___ / _____
 (Buyer's signature required for failed sewer lateral inspections only)

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Buyers Information Form

THIS PAGE MUST BE COMPLETED BY THE BUYER OR AUTHORIZED AGENT & NOTARIZED

- If the buyer is an entity, the name and street address of the officer(s) of the entity is required. PO Boxes are not acceptable.
- The following information must be kept current.

Is the buyer an entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Entity Name

Person's / Officer(s) Name

Street Address (Po box not acceptable)
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City	State & Zip
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Phone Number

Email Address

Address of Property being purchased

City	State & Zip
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I declare to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20_____

Signature

Notary Acknowledgement

Commonwealth of Pennsylvania, Court of _____, ss:

Notary Public

Title (and rank)
My commission expires