

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
 Phone 215-257-9156 • Fax 215-257-1299

website: www.EastRockhillTownship.org
 email: contact@EastRockhillTownship.org



RE-SALE RESIDENTIAL CERTIFICATE APPLICATION

Property	Address:	BC Tax Map Parcel: 12-
	Number of Units:	<i>Fee is per Unit</i>
	Settlement Date:	<i>Issued Certificate Expires 1-month from issued date</i>
	Will this dwelling be used as a rental unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Current Use of Property	
	Proposed Use of Property	

Seller	Name	
	Mailing Address	
	Email	Phone No.

Buyer	Name	
	Email	Phone No.

Contact	<i>Person who will receive Certificate</i>	
	Name	
	Email	Phone No.
	➤ <i>Dwellings with no possessions, inspector will access via lockbox</i>	
	➤ <i>Submit completed application & fee prior to contacting the Township to schedule the inspection</i>	
	➤ <i>Re-Inspection fee is required as the result of a failed inspection</i>	

By signing below, I as an individual or authorized individual certify I have read and understand the application.

Signature of Applicant: _____ Date: _____

**** TO BE COMPLETED BY TOWNSHIP STAFF ****

Inspection Date & Time: _____

Payment: \$ _____ Check # _____

Septic: _____ *Date of receipt, on-lot sewage disposal system pumped out within 3-years*

Notes: _____

	Passed	Failed	Comment
<u>SMOKE DETECTORS</u> <i>on each level, in common area or hallway by bedrooms within 15 ft of each bedroom door or each bedroom</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>CARBON MONOXIDE DETECTOR</u> <i>in hallway outside each sleeping area</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>PLUMBING</u> <i>running water in all faucets</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>SUMP PUMP</u> <i>not connected to sewer system</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>DRYER</u> <i>vented to outside</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>HANDRAILS</u> <i>3+ steps must have a handrail</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>ELECTRICAL</u> <i>no exposed wiring</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>HOUSE NUMBERS</u> <i>3-6 inches in height & visible from street</i>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Deck or Patio (circle)
2. Shed? Yes No How many? _____
3. Detached Garage? Yes No How many? _____
4. Swimming pool? Yes No In-ground or Above-ground (circle)
5. Fence? Yes No Location? _____
- Is there an apartment or In-law suite (second range)? Yes No