

EAST ROCKHILL TOWNSHIP

1622 N. Ridge Road, Perkasio, Pennsylvania 18944

www.EastRockhillTownship.org • 215-257-9156 • contact@eastrockhilltownship.org



RE-SALE RESIDENTIAL CERTIFICATE APPLICATION

This application is required for all changes in residential dwelling property ownership. Inspections are scheduled on Tuesdays and Thursdays 9am-11am only. It is recommended to apply at least three (3) weeks prior to settlement date. The Township will not be held responsible for settlement delays due to scheduling, incomplete payments, or failed inspections.

INSPECTION REQUIREMENTS: Initial Each To Acknowledge

_____Smoke detectors in each of these areas: basement, attic, common areas, hallways near bedrooms and one in very bedroom.

_____Carbon monoxide detectors in the immediate vicinity of all bedrooms.

_____Sump Pump not connected to the sewer system.

_____Dryer vented to the outside.

_____Any stairway with three (3) ore more steps have a handrail.

_____A zoning or building permit must be on record for every applicable structure erected or change of use that has occurred on the Property since 1970 zoning enactment.

_____Electrical outlets have plate covers and no exposed wiring.

_____Any outlet within six feet (6') of a water source have a GCFI.

_____Water is running in all faucets.

_____House street number is 3"- 6" in height and visible from the street.

_____Septic Pumping record current, within the last three (3) years.

PROPERTY INFORMATION

Site Address:	Tax Map Parcel: 12-
City:	State: PA Zip:
Unit Type <i>check all that apply</i> : <input type="checkbox"/> Single-Family <input type="checkbox"/> Rental Unit # _____ <input type="checkbox"/> Accessory Family Apartment	
Settlement Date:	<i>Issued Certificate Expires 30 days from issued date</i>
Will this Property be used as a rental unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY OWNER INFORMATION

	Current Owner	Buyer
Name(s):		
Mailing Address:		
Email:		

RESPONSIBLE PARTY

Contact For ALL Communications, Present For Inspection or To Provide Access To Property

Name:	
Mailing Address:	City: Sate: Zip:
Email:	Phone No.

APPLICATION VERIFICATION

I, _____, certify that I am the legal Property owner of Parcel Number 12-_____ OR that I am authorized to apply on behalf of the legal Property owner. I have read and understand all requirements listed above and understand that no inspection shall be conducted without a complete application and payment.	
Applicant Signature:	Date: