



**DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
PROPERTY RESALE/LEASE INSPECTION PROGRAM
APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY**

Date of Application: _____ Address of Premises: _____

Physical Description of Premises to be inspected (ex. Single Family Detached Residential Home, Apartment Unit, Retail Store, etc....): _____

Purpose or use for which building and/or land or part thereof will be utilized: _____

If application is for a portion of the premises only, describe portions(s) of building for which the application is being made (including approximate square footage):

Seller: _____ Buyer: _____

Address: _____ Address: _____

Real Estate Agent and/or Attorney (Name/Address/Phone Number): _____

Copy of Agreement of Sale Attached Identifying Buyer, Seller and Settlement Date. **YES NO**

Settlement Date: _____ Tax Parcel ID Number:

Establishment of New Tenants (For Re-Lease Purposes)

New Tenant Name: _____ Old Tenant Name: _____

Property Owner's (Seller) Authorization

Owner/Seller: _____ Phone #(s): _____

Address: _____ Fax#: _____

I (Owner/Seller/Agent) hereby grant permission for the above referenced premises to be inspected by Bethlehem Township for the issuance of a certificate of use and occupancy for the purpose or use described above:

Signature: _____ Date: _____