

EAST GOSHEN TOWNSHIP
CHANGE OF USE & OCCUPANCY APPLICATION
1580 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-692-7171 FAX (610)-692-8950
codes@eastgoshen.org

Please check applicable item(s) and complete sections noted.

Date Submitted: _____

☐ **Residential**

- ☐ Refinance only (complete sections 1, 2, 3, 8)
☐ Resale (complete sections 1, 2, 3, 4, 8)
☐ Rental (complete sections 1, 2, 3, 5, 8)

☐ **Commercial**

- ☐ Refinance only (complete sections 1, 2, 3, 8)
☐ Resale (complete sections 1, 2, 3, 4, 8)
☐ Rental/Lease/Tenant Change (complete sections 1, 2, 3, 5, 8)
☐ Change of Use (complete sections 1, 2, 3, 5, 6, 7, 8)

1. PROPERTY INFORMATION:

Tax Parcel Number (TPN): 53 - _____ - _____ . _____

Property Address: _____

Property Owner(s): _____

Owner's Phone Number: _____ Email: _____

Property Owner's Address*: _____

(If different than above)

☐ *Check here if you would like us to use this address for billings for your sewer & refuse account. Please note that if you move from this address, it is your responsibility to inform us.

2. APPLICANT INFORMATION (the person completing this form if different from property owner):

Applicant: _____
(Business Name, Realtor, Property Owner's Representative, etc.) Individual Name or Contact Person

Address: _____ City: _____ State: _____ Zip Code: _____

Applicant's Phone Number: _____ Email: _____

3. PROPERTY CERTIFICATES: Please identify the property certificate(s) you are requesting below. **REFINANCING** does not require the Use & Occupancy Inspection.

a) Resale/Rental Inspection for Certificate of Occupancy:

- ☐ Residential Property \$ 100.00
☐ Commercial Property: Sq Ft: _____ ☐ \$ 200 (up to 2,000 sq ft); ☐ \$300 (2,001-10,000 sq ft); ☐ \$700 (10,000f+sf)

INSPECTION SCHEDULING: Please note: Inspections will not be scheduled until the application and payment have been received and processed by the Code Department. The applicant, property owner, or property owner's representative must contact the Code Department to schedule the inspection with a **MINIMUM of 24 HOURS NOTICE** and **SOMEONE MUST ATTEND THE INSPECTION WITH THE INSPECTOR.**

b) ~~Real Estate Tax Certificate~~ **AS OF 1/1/2022, CONTACT CHESTER COUNTY TREASURER FOR TAX CERTIFICATE**

c) ~~Sewer Certificate~~ **MUST COMPLETE SEWER & TRASH CERTIFICATE REQUEST FORM AT WWW.EASTGOSHEN.ORG → FORMS & APPLICATIONS → FINANCE**

d) ~~Trash Certificate~~ **MUST COMPLETE SEWER & TRASH CERTIFICATE REQUEST FORM AT WWW.EASTGOSHEN.ORG → FORMS & APPLICATIONS → FINANCE**

4. RESALE INFORMATION:

New Owner(s) Name(s): _____ Settlement Date: _____

Email: _____ Phone #: _____

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5. RENTAL INFORMATION:

☐ Residential ☐ Non-Residential ☐ Condominium ☐ Single-Family Dwelling ☐ Apartment Complex

CONTACT INFORMATION:

Complex Name (if applicable): _____ ☐ **N/A** Move-In Date: _____

Tenant: _____

Contact Phone: _____
Alternate # _____

E-Mail Address: _____

As per Township Ordinance No. 109, certain property owners are required to file Rental Occupancy Reports on a semi-annual basis.
Please be sure to obtain this form which can be found on the township website with the related ordinance.

6. NEW CHANGE OF USE:

Describe the **current use**: _____

Describe **proposed use**: _____

Will the change of use and occupancy require additions/alterations/renovations/fit-out? ☐ Yes ☐ No
If yes, have you filed the appropriate permit applications? ☐ Yes ☐ No

Will the current use be discontinued? ☐ Yes ☐ No
Will the number of employees: ☐ Increase ☐ Decrease ☐ Stay the same
By how many? _____

7. SECTION B - CHANGE OF OCCUPANCY:

Date change is effective: _____

This property is zoned: ☐ Commercial ☐ Business Park ☐ Industrial
Reason for change: ☐ Sale ☐ Lease

Realtor's Name: _____ Phone Number: _____

Address: _____

8. CERTIFICATION OF SUBMISSION:

This application has been examined and reviewed by me and to my knowledge and belief is true, correct and complete.
I am the: ☐ property owner; ☐ equitable owner or; ☐ authorized agent of the property owner.

Print Name: _____ Signature _____
