



EAST GOSHEN TOWNSHIP  
**RESIDENTIAL PROPERTY TRANSFER APPLICATION**

1580 PAOLI PIKE. WEST CHESTER. PA 19380-6199  
PHONE (610)-692-7171 FAX (610)-692-8950 Website [www.eastgoshen.org](http://www.eastgoshen.org)

## INSTRUCTIONS

1. For Property Sale - Complete:
  - a. Page 2 - **Property Transfer Application**
  - b. **\$50.00** Check for Open Permit/Violation Review
  - c. Page 3 (w/automatic door) OR Page 4 (w/o automatic door)

Check to be made out to: **EAST GOSHEN TOWNSHIP**

- \* Processing time is 15 business days from date received.
- \* Incomplete Applications will be returned without processing.



# EAST GOSHEN TOWNSHIP RESIDENTIAL PROPERTY TRANSFER APPLICATION

1580 PAOLI PIKE. WEST CHESTER, PA 19380-6199  
PHONE (610)-692-7171 FAX (610)-692-8950 Website [www.eastgoshen.org](http://www.eastgoshen.org)

Date \_\_\_\_\_

Settlement Date \_\_\_\_\_

## 1. PROPERTY INFORMATION

---

Property Address: \_\_\_\_\_

Tax Parcel Number (TPN): 53 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current use:  Single-Family Dwelling  Multi-dwelling units (# of units \_\_\_\_\_)  Other \_\_\_\_\_

Will the property be rented?  Yes  No

## 2. SELLER INFORMATION

---

Name(s) \_\_\_\_\_

New Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

## 3. BUYER INFORMATION

---

Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

## 4. APPLICANT/REALTOR INFORMATION

---

Applicant(BusinessName) \_\_\_\_\_ (Individual) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

## 5. 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 \_\_\_\_\_

Date: \_\_\_\_\_ Resale/ #: \_\_\_\_\_ Inspection Req.:  Yes  No CO Issued:  Yes  No  N/A

Comments: \_\_\_\_\_

**BOARD OF SUPERVISORS  
EAST GOSHEN TOWNSHIP  
CHESTER COUNTY  
1580 PAOLI PIKE, WEST CHESTER, PA 19380  
(610) 692-7171  
[codes@eastgoshen.org](mailto:codes@eastgoshen.org)**

**RESIDENTIAL PROPERTY TRANSFER CERTIFICATION  
AUTOMATIC GARAGE DOOR AFFIDAVIT**

Pursuant to Ordinance Number 129-D-07, adopted by the Board of Supervisors on December 4, 2007, at the time of resale or any change of occupancy, all automatic garage doors shall be equipped with an external entrapment protection system as recommended by the U.S. Consumer Product Safety Commission.

I/We, \_\_\_\_\_ (seller) hereby certify that the property located at \_\_\_\_\_ (address), East Goshen Township, Chester County, Pennsylvania certify that a properly functioning external entrapment protection system has been installed on all automatic garage doors at the subject property, and is in compliance with the above-referenced ordinance.

I/we swear or affirm that by signing the application for a Residential Property Transfer Certificate, I am authorized to do so on behalf of the identified property, that I performed an inspection of the property and that the information set forth in this application is true and correct as of the date of this application and I am subject to the criminal penalties and fine associated with false attestation herein.

**APPLICANT'S SIGNATURE (SELLER):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**BOARD OF SUPERVISORS  
EAST GOSHEN TOWNSHIP  
CHESTER COUNTY  
1580 PAOLI PIKE, WEST CHESTER, PA 19380  
(610) 692-7171  
[codes@eastgoshen.org](mailto:codes@eastgoshen.org)**

**RESIDENTIAL PROPERTY TRANSFER CERTIFICATION**

**GARAGE DOOR AFFIDAVIT- NOT APPLICABLE**

Pursuant to Ordinance Number 129-D-07, adopted by the Board of Supervisors on December 4, 2007, at the time of resale or any change of occupancy, all automatic garage doors shall be equipped with an external entrapment protection system as recommended by the U.S. Consumer Product Safety Commission.

I/We, \_\_\_\_\_ (seller) hereby certify

that the property located at \_\_\_\_\_

(address), East Goshen Township, Chester County, Pennsylvania certify that the subject property **does not have a garage or the garage door is manually operated**, rendering the above-referenced requirement to be not applicable at the subject property, and the above-referenced requirement is not applicable.

I/we swear or affirm that by signing the application for a Residential Property Transfer Certificate, I am authorized to do so on behalf of the identified property, that I performed an inspection of the property and that the information set forth in this application is true and correct as of the date of this application and I am subject to the criminal penalties and fine associated with false attestation herein.

**APPLICANT'S SIGNATURE (SELLER):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_