

TOWNSHIP OF DARBY
LICENSE & INSPECTIONS DEPARTMENT
21 BARTRAM AVENUE, GLENOLDEN, PA 19036
PHONE (610) 586-1514 FAX (610) 586-0779
www.darbytwp.org

ANNUAL COMMERCIAL & LIGHT INDUSTRIAL RENTAL APPLICATION

Please Print Legibly

Property Information

Business Name: _____ Property Address: _____

City: _____ State: _____ Zip Code: _____

Tenant Name: _____

Owner Information

Owner's Name(s): _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ **(Required)**

Property Manager Information (If different than above)

Property Manager: _____

Mailing Address: _____

Office Phone: _____ Email: _____

Under provisions of the Code of the Township of Darby Ordinance 630 and 698 Chapter 11, Sec 112 and 203 as amended, it shall be the duty of every owner of any residential property who intends to operate a rental property to apply to the Township in writing for an inspection and license annually.

The annual application fee for each BUSINESS rental property will be one-hundred and seventy-five dollars (\$175.00). Payment is due by January 31, each year.

Signature of Applicant: _____ Date: _____

Complete this application and return it with your check or Money Order payable to the Township of Darby. The owner is responsible to schedule an inspection. There will be a \$100.00 fee for no shows and a \$150.00 fee for re-inspections. Fees will be doubled if Application is received after January 31st.

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ANNUAL COMMERCIAL & LIGHT INDUSTRIAL - INSPECTION CHECKLIST

Date: _____ Time of Inspection: _____
Name of Business: _____ Address: _____
City: _____ State: _____ Zip: _____
Building/Bay/ Apartment Number: _____

Exterior Grounds:

Debris: ____ Dumpster with lids: ____ Trash cans with lids: ____ Accessory structures: ____
Pipes/other openings Rodent proof: ____ Cement sidewalks: ____ Fences: ____ Paint: ____
Downspouts: ____ Steps: ____ Handrails: ____ Grass cut: ____ Curbs: ____ Other: _____

Interior Common Area – Apartments:

Self-closing interior doors: ____ Self-locking doors each floor: ____ Hallway Lighting: _____
Housekeeping of hallways: ____ Mounted Fire extinguishers: ____ Handrails: _____
Exit lights: ____ Paint on walls and ceilings: ____ Leaks on walls or ceilings: _____
Steps and stair treads: ____ Evidence of infestation: ____ Other: _____

Accessory Areas:

Fire Extinguishers: ____ Blue lights at extinguishers: ____ Exterior self-closing doors: ____
Exterior doors with locking devices no more than ½ inch between door and threshold: ____
Hallways clean and proper lighting: ____ Steps condition and lighting: ____ Treads: _____
Leaks – walls or ceilings: ____ Paint flaking or missing tiles: ____ Rodents or insects: _____
Exit signs: ____ Elevator cleanliness: ____ Storage room: ____ Washer/Dryer room: ____
Boiler room: ____ Basement/cellar-concrete: _____
Windows at or near ground level rodent proof: _____ Other: _____

STATUS CODING: "S" SATISFACTORY "N" NOT SATISFACTORY

