

KIDDER TOWNSHIP, CARBON COUNTY

P. O. BOX 576, LAKE HARMONY PA 18624 (570) 722-8179 FAX (570)-722-5636

OCCUPANCY PERMIT APPLICATION FORM

PURSUANT TO KIDDER TOWNSHIP ORDINANCE #189 (adopted 11/18/2021)
*****FOR RESALE, COMMERCIAL INSPECTIONS AND LONG TERM RENTAL ONLY*****

PLEASE **PRINT** ALL INFORMATION CLEARLY

DATE: _____

PART I OWNER INFORMATION

I, (Print Name) _____

Mailing Address _____ City/State/Zip _____

Phone (h) _____ (c) _____ Email: _____

apply for an **Occupancy Permit** (check one) **Rental (LONG TERM)** **Resale***** **Commercial**

PART II PROPERTY INFORMATION

Property Address: _____

Tax Parcel Number: _____ Zoning District: _____

Lot Dimensions: _____ Total Land Area: _____

Sewage System: Public Private Water Supply: Public Private

Comments: **(Info to Access Property)** _____

***For Resale Inspections, what is the tentative closing date (if known)? _____

PART III BUILDING INFORMATION

CLASSIFICATION: Single Family Dwelling Two Family Dwelling
 Multi-Family Dwelling Hotel, Motel, Dorm
Number of Units _____
 Garage ---- Attached Detached
 Addition
 Non- Residential (specify use) _____
 Other (specify) _____

SPECIFICATIONS: _____ Number of Stories _____ Number of Baths
_____ Building Height _____ Number of Bedrooms
_____ Total Square Feet _____ Air Conditioned
Primary Heat Source (specify) _____

STRUCTURAL: Wood Frame Masonry Other (specify): _____
 On Slab Crawl Space Basement

\$100.00 FEE – Residential
COMMERCIAL FEE – Contact Township

Additional Information Required (over) →

PART IV

REALTOR INFORMATION

Realtor Name: _____

Address: _____

Phone Number: _____ Email Address: _____

PART V

CERTIFICATION IN LIEU OF OATH

*****SIGNATURE REQUIRED*****

A. AGENT OWNER (Circle one) **** For Resale Certificate of Occupancy, the owner must sign**

I hereby certify that the work is authorized by the Owner of Record for the property listed in Part II, Property information, of this application.

I further certify that the owner has authorized me to make this application as his or her *rental* agent and I will present a true and correct copy of this certification to the Owner.

I authorize the Township Official the right of entry to do the required inspection.

AGENT/OWNER NAME: _____ **PHONE** _____

ADDRESS: _____

****SIGNATURE:** _____ **DATE:** _____

PART VI

COMPLETE FOR RESALE OCCUPANCY PERMIT

Homeowner - check one of the following that applies to the inspection and re-inspection of this property:

_____ Current homeowner(s) will correct the items (if any) on the Township inspection report within thirty (30) days of the date of the inspection report and the Designated Officer will issue a Certificate of Occupancy when the property is found to be in compliance.

REQUEST FOR TEMPORARY RESALE CERTIFICATE OF OCCUPANCY

_____ Current homeowner will NOT correct the items on the Township inspection report but is deferring to the Buyer(s) to make all corrections on said report and bring the property into compliance within _____ days of the date of purchase.