

Municipality of Norristown
235 East Airy Street
Norristown, Pa. 19401
Business: (610) 270-0441
Fax: (610) 279-7548

For Office Use Only	Date Application Received:
Fee \$ _____ .00	
0 Cash 0 Check # _____	Received by: _____
Parcel # 13- _____	
Zoning Use Registration Permit# _____	

PROPERTY TRANSFER/ CHANGE OF TENANT PERMIT APPLICATION

Please print or type all information. Incomplete applications CANNOT be accepted.

SECTION 1. Zoning Compliance. In order to verify that all zoning requirements have been met for a property of 2 or more residential units or a commercial property, a copy of a signed zoning use registration **MUST** be attached to this application at the time submittal.

SECTION 2. Reason for Application (Check Appropriate Condition)

- | | |
|---|---|
| _____ Residential Owner Occupied Transfer | _____ Residential Rental Occupancy Sale |
| _____ Commercial Sale/Transfer of Ownership | _____ Commercial Change of Tenant |
| _____ Commercial / Residential Change of Occupancy Classification | |
| _____ Blighted Property Occupancy Inspection | |

Location of Property: _____ Floor and/or Suite and/or Apt # _____

SECTION 3: Occupancy Classification/Use Group Information. Please indicate the present occupancy type/use group. (If the building is mixed use, mark all of the appropriate classification/use groups).

- | | |
|---|--|
| 1. <input type="checkbox"/> One Family Dwelling | 7. <input type="checkbox"/> Mercantile |
| 2. <input type="checkbox"/> Two Family Dwelling | 8. <input type="checkbox"/> Business(professional offices) |
| 3. <input type="checkbox"/> Apartment/Condominium Building # of Units _____ | 9. <input type="checkbox"/> Factory/ Industrial |
| 4. <input type="checkbox"/> Rooming and Lodging House # of Units _____ | 10. <input type="checkbox"/> Storage |
| 5. <input type="checkbox"/> Place of Assembly. Occupant Load _____ | 11. <input type="checkbox"/> Utility |
| 6. <input type="checkbox"/> Educational | 12. <input type="checkbox"/> Other _____ |

If the use is other than residential, please provide a brief description of the activities/processes conducted therein: _____

SECTION 4. Present Owner

Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Cell Phone: _____

SECTION 5. New Owner/Buyer

Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Cell Phone: _____

If new owner is a Company, Corporation, LLP, ETC please provide the following information.

Chief Operating Officer(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Cell Phone: _____

Section 6. If a residential occupancy is involved, does the buyer intend to occupy or reside at the location? Yes No

(If the answer is No, the property must conform to the Municipalities annual rental registration requirements the application forms and fee schedule for which can be obtained in the code department offices.

Section 7. FOR COMMERCIAL CHANGE OF TENANT ONLY

Current Use Classification (select from the categories listed in Section 3 and provide a brief description)

Proposed Use Classification (select from the categories listed in Section 3 and provide a brief description)

Commercial Tenant Business Name: _____

Nature of the business _____

Corporate Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Daytime Phone: _____ Cell Phone: _____

Please note that certain information regarding the new commercial occupancy must be forwarded to the Norristown Fire Department for inclusion in the Montgomery County Emergency Services database for use during a fire or other type of emergency. Please complete the attached form and forward to the Norristown Fire Marshal Office. A certificate will not be issued until such time as the Fire Marshal confirms receipt.

Application is hereby made to the Municipality of Norristown for the approval to use and occupy the aforementioned location in full or part. I agree to comply with all Ordinances and Codes of the Municipality of Norristown and the Commonwealth of Pennsylvania. I will not occupy or allow occupancy of any land, structure or building until a Certificate of Occupancy is issued. I understand that any misrepresentation in this application will be grounds for the revocation of the application or the Certificate of Occupancy & Use.

Owner's Name (please print)

Owner's Signature

Date

I hereby certify that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent.

Agent's Name (please print)

Agents Signature

Date

Representing (company or firm)

Telephone Number