



Mount Pocono Borough

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1361 Pocono Blvd., Suite 100
Mount Pocono, PA 18344

www.mountpocono-pa.gov

COMMERCIAL RESALE/USE/OCCUPANCY APPLICATION FOR CERTIFICATE

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

Resale Change of Use Change of Tenant *Include lease agreement

1. Property Address: _____ Unit #: _____
_____ (provide if only one unit of a multi-unit building is to be inspected)

2. Applicants Name: _____
 Seller/Owner Agent Buyer
Mailing Address: _____
Phone Number: _____
Can this phone number receive text messages? _____
Email: _____

3. Property Owner's Name: _____
Mailing Address: _____
Phone Number: _____

4. Estimated Sale/Rental Date: _____

5. Current Use: _____

**For resale, state all uses on property by unit number. Use additional paper if needed.

Group A: Assembly Group B: Business Group E: Educational Group F: Factory/Industrial Group H: High Hazard Group I: Institutional Group M: Mercantile Group R: Residential Group S: Storage Group U: Utility/Misc.

6. Proposed Use: _____
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7. Total number of units: _____ Number of units to be inspected: _____

8. Is property/unit vacant? _____

9. Is water on? _____ Is electricity on? _____

*If water and/or electricity is *not* turned on, applicant will receive Temporary Access Certificate only and will require re-inspection once water and electricity is turned on. Re-inspection is \$50

10. Is property subject to deed restrictions/easements? _____

If so, list: _____

11. Does property have private septic or public sewer? _____ If
septic, date of last inspection/pump: _____

****Must provide Borough with copy of certified evaluation of septic system ****

If sewer, current EDUs: _____ Proposed EDUs: _____

Application must be submitted with a copy of the current Deed and required fee.

Applicant hereby authorizes members of Borough Boards, staff and representatives to enter the lands proposed for site inspections.

I hereby certify that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant: _____

Date: _____

DO NOT WRITE BELOW THIS LINE – BOROUGH USE ONLY

Date Received: _____	Payment Type: _____	Check #: _____	Amount Paid: \$ _____
Permit No.: _____	Inspection Date: _____	Date Issued: _____	
Property Identification (PIN) #: _____			