



Mount Pocono Borough

Tel 570-839-8436
Fax 570-839-0981

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

www.mountpocono-pa.gov

RESIDENTIAL RESALE CERTIFICATE APPLICATION

PROPERTY ADDRESS: _____

CONTACT INFORMATION:

A copy of the issued certificate will be emailed to each contact listed below.

APPLICANT

Name**: _____

**Must be the name of the person signing the application

Mailing Address: _____

Phone Number: _____ Email: _____

Seller Agent for seller Buyer Agent for buyer

SELLER Name: _____ Email: _____

SELLER AGENT Name: _____ Email: _____

BUYER Name: _____ Email: _____

BUYER AGENT Name: _____ Email: _____

Estimated Sale/Rental Date: _____

PROPERTY INFORMATION:

Type of Dwelling: Single-Family Townhome/Condo Duplex Other: _____

Total number of bedrooms: ____ Total number of bathrooms: ____ Is property vacant? ____ Lockbox code: _____

Is water on? _____ Is electricity on? _____

Is property within a community? Yes No Community Name: _____

Check one: Private Septic/Cesspool Public Sewer

If septic, date of last inspection/pump*: _____

*Must provide the Borough with proof of pumping and professional evaluation of septic system dated within one (1) year of the date of the application.

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

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: _____

(*Must match name of applicant on page 1)

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) #: _____