



## BOROUGH OF WEST READING

### CODE ENFORCEMENT DEPARTMENT

500 Chestnut Street, West Reading PA 19611

(610) 374-8273 Fax: (610) 374-8419

E-mail: [wrcodes@westreadingborough.org](mailto:wrcodes@westreadingborough.org)

### Certificate of Occupancy Application

(Property Transfer Inspection)

#### Instructions:

1. Complete entire application.
2. Calculate total fees due:
  - a. Inspection fee for a single unit structure (includes initial inspection and one re-inspection) - \$150.00.
  - b. Each multiple unit over one unit (structure over one unit) - \$50.00 per additional unit:
  - c. For each additional re-inspection (after the initial re-inspection):
    - i. 2<sup>nd</sup> Re-inspection - \$75.00
    - 3<sup>rd</sup> Re-inspection - \$100.00
    - 4<sup>th</sup> Re-inspection - \$125.00
    - 5<sup>th</sup> Re-inspection - \$150.00
  - d. If the inspection request is less than five (5) business days prior to settlement, the fee is \$300.00 plus \$50.00 for each additional unit.
3. Submit the form and payment to: Borough of West Reading

#### Property Information: (current status)

Address: \_\_\_\_\_

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Single Residential – Owner Occupied       | <input type="checkbox"/> Single Residential - Rental               | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Multi-Unit Residential (# of units _____) | <input type="checkbox"/> Commercial/Residential (# of units _____) |                                     |

Date of Application: \_\_\_\_\_ Anticipated Date of Settlement: \_\_\_\_\_

#### Current Owner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Realtor/Agent Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Prospective Buyer's Information: (if available)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Property Information: (after purchase)

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Single Residential – Owner Occupied       | <input type="checkbox"/> Single Residential - Rental               | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Multi-Unit Residential (# of units _____) | <input type="checkbox"/> Commercial/Residential (# of units _____) |                                     |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICIAL USE ONLY

APPLICATION RECEIVED \_\_\_\_\_

INSPECTION SCHEDULED \_\_\_\_\_

FEE COLLECTED \$ \_\_\_\_\_