



# BOROUGH OF COLLINGDALE

*Delaware County, Pennsylvania*

MUNICIPAL BUILDING  
P.O. BOX 1524  
800 MAC DADE BOULEVARD  
COLLINGDALE, PA 19023-8524  
610/586-0500 FAX: 610/586-9065

## Application for Use & Occupancy Permit

Name of Property Owner \_\_\_\_\_

Address of property \_\_\_\_\_

Phone # \_\_\_\_\_

Sale \_\_\_\_\_ Rental License Inspection \_\_\_\_\_

Will this Property be a **Rental Property** \_\_\_\_\_ -or- **Residential Property** \_\_\_\_\_

Date Requested \_\_\_\_\_

Payment amounts are as follows:

Sale - \$100.00 per unit    Rental Inspection - \$90.00 per unit    Re-Inspection - \$50.00

**\*Payment must be made prior to inspection\***

Company requesting the U & O –

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax # if you want this sent Via Fax \_\_\_\_\_

Name of New Owner \_\_\_\_\_

Address of New Owner \_\_\_\_\_

Phone # \_\_\_\_\_

**PLEASE BE AVAILABLE FOR WALK-THRU WITH INSPECTOR**