

CHESTER HEIGHTS BOROUGH
USE & OCCUPANCY INSPECTION APPLICATION

DATE: _____

PROPERTY ADDRESS: _____

TAX ID NUMBER: _____

PROPERTY OWNER: _____

OWNER'S PHONE: _____

OWNER'S EMAIL: _____

PROPERTY BUYER: _____

SETTLEMENT DATE: _____

SELLER'S AGENT: _____

AGENT'S PHONE: _____

AGENT'S EMAIL: _____

CONTACT (for scheduling inspection): _____

FOR OFFICE USE ONLY:

INSPECTION DATE AND TIME: _____