



THE BOROUGH OF PENNDEL

Bucks County

300 Bellevue Avenue, Penndel, PA 19047

Telephone 215-757-5152

Fax 215-757-5154

Email: mserota@boroughofpenndel.org

Website: www.penndelboro.com

DEPARTMENT OF LICENSES AND INSPECTIONS

APPLICATION FOR INSPECTION AND CERTIFICATE OF OCCUPANCY FOR COMMERCIAL UNIT PRIOR TO OCCUPANCY BY NEW OWNER

Fee: Service & Retail Commercial.....\$150.00
 Metropolitan Business and Industrial.....\$180.00
 Reinspection fee.....\$45.00

Sewer Lateral Inspection Required

A letter of intent must accompany this application

REALTOR

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone # _____

OWNER

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone# _____

BUYER

Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone# _____

Who should be contacted to make the inspection appointment? Realtor ___ Owner ___
 Owner ___ Other _____ State name and telephone if "other" is chosen

Expected settlement date _____

Location of subject commercial unit _____

Type: Service Commercial	_____	Land	_____
Retail Commercial	_____	Other (describe)	_____
Industrial	_____	Metropolitan Business	_____

The undersigned hereby makes application for Certificate of Occupancy for the above described commercial unit and declares that the information stated hereon is correct to the best of his/her knowledge.

Signature of Applicant _____ Date _____

Signature of Building Inspector _____ Date _____



Penndel Borough Police Department

300 S. BELLEVUE AVE.

PENNDEL, PA 19047

Phone: 215-757-5152 • Fax 215-757-3440

NOTICE TO ALL BUSINESS ESTABLISHMENTS IN PENNDEL BOROUGH

The Penndel Borough Police Department is currently updating its emergency telephone listings and would like to include your business. Below you will see several paragraphs that have areas for you to fill in the needed information. Please help us by filling in the spaces so that we may be able to better serve you.

Thank you,
Penndel Borough Police Dept.

Business Name _____

Business Address _____

Business Telephone # _____

Name of Business Owner _____

Below please list those persons designated by you to handle emergencies at your business during nights and weekends.

1. Name _____ Telephone # _____

2. Name _____ Telephone # _____

3. Name _____ Telephone # _____

4. Name _____ Telephone # _____

Please list below the name of your alarm company if you use one.

1. Name _____ Telephone # _____

PRIVATE SEWER LATERAL INSPECTION
PENNDEL BOROUGH

Customer Name: _____ Email: _____ Phone: _____

Address: _____

Company Name: _____ Inspector's Name: _____ Phone: _____

Sewage Use: Residential/Commercial/Condo/Apt Pipe Size: _____ Pipe Material: _____
(Circle one)

CCTV Date: _____ Time: _____ Camera Direction: With Flow/ Against Flow Total Length: _____
(Circle one)

- Video Provided to PennDel Borough (Email link, USB flash drive or DVD)
- Cleanout is accessible outside of building
- Cleanout and vents are property capped and not damaged
- There is a sewer ejector pump at this property
- Private sewer lateral crosses neighboring private property
- Private sewer lateral connects to Borough's sewer in public right of way
- There is more than one structure at this address served by the private lateral
- Property has been verified as having no outside surface drains (rainwater runoff) connected to the sewer system

I recommend the following repairs to restore normal lateral function:

(PLEASE NOTE: ANY REPAIR REQUIRES A PERMIT FROM PENNDEL BOROUGH @ 215-757-5153)

Master Plumber Signature: _____ Date: _____ License #: _____

- Recommend repairs have been made (enclose a copy of the repair authorization, contract, or invoices signed by the property owner)
- Lateral has been re-inspected to verify repairs
- I certify that the information, recommended repairs and video recording I have provided with this form are true and correct

The information submitted herewith complies with all requirements set forth by the PennDel Borough Code inclusive. I declare under penalty of perjury that all information submitted here applies to the listed address only:

Sewer Lateral Video MUST be from House to Trap AND Trap to Main

WARNING: All Video MUST be clear in order to pass inspection

Borough Representative Signature: _____ Date: _____ Approve / Deny
(Circle one)

Required enclosures:

1. Repair Authorization
2. DVD video inspection and re-inspection following repairs if needed
3. Complete Inspection Log. Note any observations using the observation codes
4. Sketch of lateral, lot, and building with dimensions referenced to front curb or edge of pavement and side property lines where possible. If inspection is a long lateral, note spacing of cleanouts and entry locations for insertion of camera.

OBSERVATION CODES

B	BROKEN	I	INFILTRATION	R	ROOTS: 25% 50% 75%
C	CRACK	O	OFFSET	CP	CHANGE IN PIPE MATERIAL
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

CODE	DISTANCE	OBSERVATION
<i>*Sewer Lateral Video MUST be from House to Trap AND Trap to Main*</i>		

Site Sketch

