

BOROUGH OF PENNDEL

INSPECTION & CERTIFICATE OF OCCUPANCY APPLICATION FOR DWELLING UNIT PRIOR TO OCCUPANCY BY NEW OWNER FEE \$80.00 REINSPECTION FEE \$45.00

****CERTIFICATION FOR SEWER LATERAL, HEATER, CHIMNEY, TERMITE
AND RADON MUST BE SUBMITTED WITH THIS APPLICATION****

Account Number: _____ Parcel Number: _____

REALTOR Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

OWNER Name _____
(seller) Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

BUYER Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

The property owner or manager is responsible for scheduling the inspection

Expected settlement (closing) date _____

Location of subject dwelling unit _____

Type: Free-standing house ____ Attached house ____ Semi-attached house ____ Duplex
____ Other ____ Please describe _____

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

Signature of Applicant _____ Date _____

Approved by _____ Date _____

**PRIVATE SEWER LATERAL INSPECTION
PENNDDEL 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 properly 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 sewer system

I recommend the following repairs to restore normal lateral function:

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

Master Plumber Signature: _____ Date: _____ License # _____

- Recommended repairs have been made (enclose a copy of the repair authorization, contract, or invoices signed by property owner)
- Lateral has been re-inspected to verify repairs
- I certify that the information, recommended repairs and video recording 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 reinspection 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	CF	CHANGE IN PIPE MATERIAL
F	FRACTURE	S	SAG	OR	OUT OF ROUND

LATERAL INSPECTION LOG

CODE	DISTANCE	OBSERVATION

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

Site Sketch

