

Trappe Borough, Montgomery County, PA

525 West Main Street Trappe, PA 19426
Phone: 610.489.7181 Fax: 610.489.8827
Website: www.trappeborough.com



Non-Residential/Commercial or Commercial Tenant Change U & O Application

- The Use & Occupancy fee pays for an initial inspection and one (1) follow-up inspection, if necessary. Additional fees will be charged for all subsequent inspections. Fee schedule is available on our website. Permit fees are not refundable.
- PLEASE REVIEW THE INSPECTION CHECKLIST LOCATED ON OUR WEBSITE FOR ADDITIONAL INFORMATION & FORMS
- If this application is for the "SALE OF A PROPERTY" a Sewer Inspection is required. Applicant must contact the Collegeville-Trappe Municipal Authority at 610-489-2831/220 W 1st Ave, Trappe to schedule this inspection and pay the fee. Trappe Borough cannot issue a "Use & Occupancy Certificate" without verification from CTMA that this inspection passed.

Use & Occupancy Ordinance is available on our website trappeborough.com or <https://ecode360.com/32571471>

PROPERTY ADDRESS: _____

***APPLICANT:** Realtor Property Owner Tenant Contractor

PROPERTY OWNER: _____
Address: _____
Phone & Email: _____

REALTOR: _____
Address: _____
Phone & Email: _____

BUYER OR TENANT: _____
Address: _____
Phone & Email: _____

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FOR BOROUGH USE ONLY:

APPLICABLE FEES:

* Permit Fee: _____

PAYMENT INFO:

Date: _____

Amount paid: _____

Payment type: Check # _____ Cash _____

Verified: _____

PARCEL ID #: 23-00- _____

BLOCK: _____

UNIT: _____

ZONING DISTRICT: _____

LICENSE # ASSIGNED: _____

Building Code Inspector

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Please Note: Building alterations may require additional permits.

Address of Property _____

Owner of Record _____ **Phone** _____

Address of Owner _____

Buyer/Lessee _____ **Phone** _____

Address of Buyer/Lessee _____

Square foot of building/space intended for use _____

Intended Use (additional information may be required for a change in use) _____

Is the intended use a change from the previous use? If so, state previous use _____

Number of Employees Anticipated: _____, **Number of Current Parking Spaces** _____

Anticipated Hours and Days of Operations: _____

Current Tenant(s) _____

(if property is being sold but tenant remains)

Dates of Intended Occupancy _____

Signature of Owner _____

Signature of Lessee: _____

Date Approved: _____ **Zoning Official:** _____

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EMERGENCY CONTACT LISTING

The following information is needed in order to update our Emergency Listing. Please notify us in the event of any changes in the information. Please neatly print or type all information. Additional persons may be listed on the reverse side.

LOCATION INFORMATION

Business Name _____

Address: _____ Date Filed: _____

Key Lock Box Yes No Key Lock Box Location: _____

Security Alarm Yes No _____

Panic Alarm Yes No _____

Alarm Company Name _____ Phone: _____

Fire Department Connection Yes No Fire Department Location: _____

PROPERTY OWNER INFORMATION

Owner Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

TENANT INFORMATION

Tenant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

2. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

3. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

COMMENTS

