

Langhorne Borough
Department of Licenses and Inspections
114 East Maple Ave.
Langhorne, PA 19047
Email: manager@langhorneborough.com
Fax: 215-757-1272

**Application for inspection and certificate of approval
for dwelling unit prior to occupancy**

Address of property to be inspected: _____

Owner's name: _____

Owner's address (if different than above): Street: _____

City: _____ State: _____ Zip code: _____

Owner's phone numbers: _____

Realtor's name and Company: _____

Realtor's phone numbers: _____

Buyer's name: _____

Buyer's phone numbers: _____

Applicant is: Realtor___ Owner___ Buyer___ Other_____

Who should be contacted to make appointment for inspection?

Realtor___ Owner___ Buyer___ Other_____

Name and phone numbers: _____

Expected settlement (closing) date: _____

Type of real estate: Single family___ Condominium___ Attached___ Semi-attached_____

Apartment___ Duplex___ Multi-unit___ Other___ Residential___ Commercial_____

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

Signature of Applicant: _____ Date: _____

FEES: Made payable to "Langhorne Borough"

Residential: \$ 50.00

Commercial: \$ 100.00