

UWCHLAN TOWNSHIP  
OFFICE OF BUILDING & ZONING  
715 N. Ship Rd. Exton, PA 19341  
610-363-9450 Fax: 610-363-7915  
tgiordano@uwchlan.com

APPLICATION FOR CERTIFICATE OF RE-OCCUPANCY  
FOR NON-OWNER OCCUPIED DWELLINGS

Name of Property Owner: \_\_\_\_\_

Mailing Address of Property Owner: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numers(s) of Owner: H) \_\_\_\_\_ W/C) \_\_\_\_\_

Name of Owners Agent: \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_

Phone Number(s) of Agent: W) \_\_\_\_\_ C) \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Phone Number for Unit: \_\_\_\_\_

*It is the Property Owner's responsibility to submit to the Township a complete list of the current tenants.*

Please provide name(s) of all persons living in dwellings:

	Adult	Minor
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

Signature of Property Owner/Agent: \_\_\_\_\_