

BOROUGH OF SHARON HILL 250 SHARON AVE SHARON HILL PA 19079 PH 610-586-8200 FAX 610-586-3991	ANNUAL FIRE INSPECTION APPLICATION	DATE RECEIVED ____ / ____ / ____
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1. TYPE OF PROPERTY		
_____ NO	_____ STREET	_____ APARTMENT NUMBER
_____ AND		
_____ CROSS STREET	_____ CROSS STREET	

2. OCCUPANCY CLASSIFICATION	3. REQUIRED FEE
___ COMMERCIAL PROPERTY less than 1000 square feet	<u>\$125</u>
___ COMMERCIAL PROPERTY between 1001 & 2000 sq feet	<u>\$225</u>
___ COMERCIAL PROPERTY Over 2000 square feet of property	<u>\$225 + \$25 every 1000 sqft</u>
___ STORAGE GARAGES 500 Square feet or less of property	<u>\$75.00</u>
___ STORAGE GARAGES more than 500 square feet of property	<u>\$120 + \$25 every 500 sqft</u>

4. OCCUPANCY ANALYSIS		
NUMBER OF TENANTS FOR _____ UNIT	TOTAL NUMBER OF _____ POSSIBLE UNITS IN COMPLEX	CURRENT NUMBER OF _____ RENTED UNITS

5. PROPERTY OWNER IDENTIFICATION		
1 ST OWNER'S NAME TO INCLUDE BANK, TRUST, ESTATE AND AVIALABLE CONTACT	TELEPHONE	
MAILING ADDRESS FOR LEGAL NOTICES	CELL PHONE	E-MAIL
2 ND OWNER'S NAME TO INCLUDE BANK, TRUST, ESTATE AND AVIALABLE CONTACT	TELEPHONE	
MAILING ADDRESS FOR LEGAL NOTICES	CELL PHONE	E-MAIL

6. TENANT INFORMATION		
TENANT #1 CONTACT NAME AND OR COMPANY NAME	TELEPHONE	CELL PHONE
TENANT #2 CONTACT NAME AND OR COMPANY NAME	TELEPHONE	CELL PHONE
TENANT #3 CONTACT NAME AND OR COMPANY NAME	TELEPHONE	CELL PHONE
TENANT #4 CONTACT NAME AND OR COMPANY NAME	TELEPHONE	CELL PHONE

**CONTACT NAMES FOR EACH RENTAL UNIT SHOULD BE PROVIDED
 ATTACH ADDITIONAL SHEETS OF CONTACT INFORMATION IF NEEDED**

8. LOCAL AGENT INFORMATION / EMERGENCY CONTACT

CONTACT NAME

TELEPHONE

CELL

EMAIL ADDRESS

9. LOCAL AGENT ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, (we) the designated Local Agent of records, understand that I (we) shall not sell or transfer ownership of this dwelling, dwelling unit, rooming unit or rental unit, nor shall I (we) occupy, let, lease or allow the occupancy by another, unless performing required repairs approved by the fire marshal office, until the property in question has been inspected by the fire Marshal's Office and determined to be clean, sanitary, and habitable, nor until the Fire Marshal's office certifies by the issuances of a certificate, that the property has been inspected and approved as being conformity with all provision of the Codified Ordinance of the Borough of Sharon Hill to include the Fire Code. Furthermore, as indicated by my signature below, I hereby acknowledge that I understand that failure to comply with those rules and or any of the above may result in citations issued by the local court with fines assessed up to \$1000.00 per day, for each day the violation occurs.

SIGNATURE OF LOCAL AGENT

DATE

10. PROPERTY MANAGEMENT REQUIREMENTS

Can emergency contact respond to the premise within 15 mins, 24 hours per day? YES NO
 IF YOU CHECKED "NO" THEN YOU MUST HAVE A RAPID ENTRY KEY SYTEM INSTALLED AS PER THE ORDINANCE

WILL A RAPID ENTRY KEY SYTEM BE INSTALLED ON THE PREMISE? YES NO

11. OWNER ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, (we) the designated Local Agent of records, understand that I (we) shall not sell or transfer ownership of this dwelling, dwelling unit, rooming unit or rental unit, nor shall I (we) occupy, let, lease or allow the occupancy by another, unless performing required repairs approved by the fire marshal office, until the property in question has been inspected by the fire Marshal's Office and determined to be clean, sanitary, and habitable, nor until the Fire Marshal's office certifies by the issuances of a certificate, that the property has been inspected and approved as being conformity with all provision of the Codified Ordinance of the Borough of Sharon Hill to include the Fire Code. Furthermore, as indicated by my signature below, I hereby acknowledge that I understand that failure to comply with those rules and or any of the above may result in citations issued by the local court with fines assessed up to \$1000.00 per day, for each day the violation occurs.

SIGNATURE OF OWNER

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