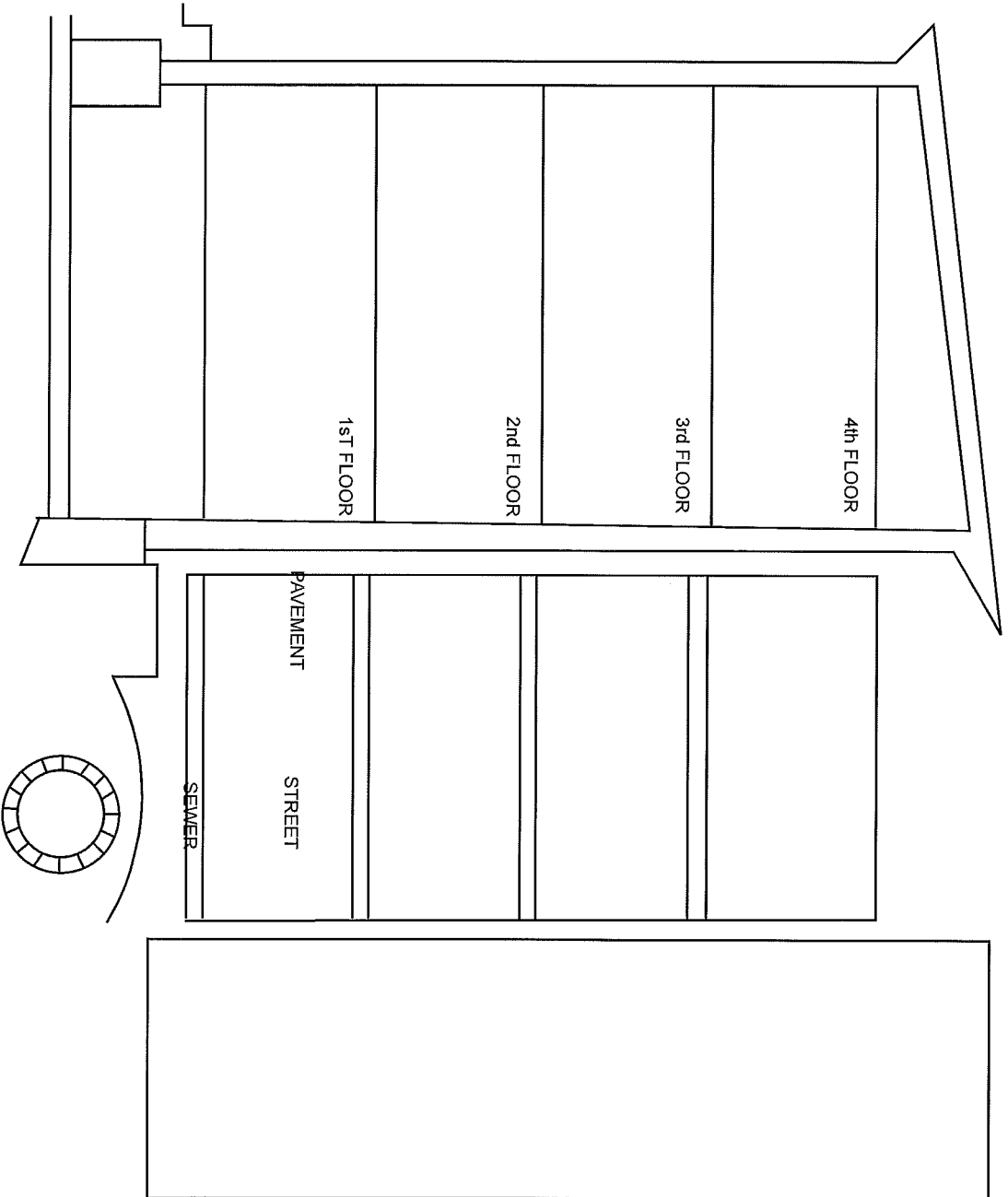


ELEVATION

FLOOR PLAN

CELLAR PLAN



LOCATION _____

EXAMINER'S REPORT

Spring House, PA, _____, 20

This is to certify that I have examined this detailed statement together with a copy of the plans and specifications, relating thereto and find the same to be in accordance with the specifications covering the rules and regulations of the Plumbing Code and entered into the records of this department.

Examiner

INSPECTOR'S REPORT

Inspected Main Trap _____
 Inspected Underground Work _____
 Inspected Vertical Soil Pipes _____
 Inspected Waste Line Pipes _____
 Inspected Trash _____
 Remarks _____

This is to certify that the plumbing work constructed under this permit has been finally inspected and all work found in accordance with the approved plans and specifications covering the rules and regulations of the Plumbing Code.

Inspector

Date _____, 20 _____

Founded 1702
Incorporated 1869



TEL: 215.699.4424
FAX: 215.699.3991

REGISTRATION FORM FOR CANVASSING/PEDDLING AND SOLICITING

REGISTRANTS NAME: _____

BUSINESS ADDRESS: _____

DATES OF SOLICITING/CANVASSING/SOLICITING FROM: _____ TO: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

PURPOSE FOR PEDDLING/CANVASSING/SOLICITING: _____

NUMBER OF PERSONNEL PEDDLING/CANVASSING/SOLICITING: _____

LENGTH OF TIME: _____

MAKE AND TYPE OF VEHICLE: _____

REGISTRATION NUMBER: _____

PERSON COMPENSATING PERSON FOR PEDDLING/CANVASSING/SOLICITING: _____

PROOF OF IDENTIFICATION WILL BE PROVIDED (i.e. PA License) _____

REGISTRATION FORM AUTHORIZED BY: _____

A COPY OF THIS REGISTRATION MUST BE IN YOUR POSSESSION AND ALL YOUR MEMBERS AT ALL TIMES WHEN CANVASSING, PEDDLING OR SOLICITING IN THE BOROUGH OF NORTH WALES.

THIS REGISTRATION IS VALID FOR 30 DAYS

BOROUGH OF NORTH WALES
300 SCHOOL STREET
NORTH WALES, PA 19454

Phone-215-699-4424

Fax-215-669-3991

REGISTRATION FORM FOR
RENTAL PROPERTY

1. _____
No. & Street of Property
2. _____
Number of Units on the Property

6. _____
Telephone

I HEREBY CERTIFY THAT ALL OF
THE INFORMATION CONTAINED
ON THIS FORM IS TRUE AND
OWNER COMPLETE

OWNER INFORMATION

3. _____
Name
4. _____
Address
5. _____
City State Zip

7. _____
Signature of Owner
8. _____
Date

LISTING OF OCCUPANTS: LIST ONLY ONE NAME TO EACHSPACE. IF ADDITIONAL
SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL FORM.

UNIT#	ADULTS FIRST AND LAST NAME 18 YEARS OR OLDER	CHILDREN 17 YEARS OR UNDER	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNIT# MIGHT BE A, B,.....OR 1, 2,.....or 1st FLR, 2nd FLR.....EACH OF THE UNITS MUST
BE DISTINGUISHED WITH THE USE OF UNITS BEGINNING WITH THE FIRST FLOOR OR
FRONT OF THE BUILDING. UNIT# IS NOT APPLICABLE TO SINGLE UNIT PROPERTIES.

IMPORTANT INFORMATION: THIS FORM MUST BE COMPLETED IN FULL AND FILED
WITH THE BOROUGH AS SOON AS POSSIBLE. IF THERE IS A CHANGE IN THIS FORM
AT ANY TIME DURING THE YEAR A NEW ONE MUST BE COMPLETED AND FILED
WITHIN FOURTEEN (14) DAYS FROM THE DATE ON WHICH THE CHANGE OCCURRED.
FAILURE TO DO SO IS A VIOLATION OF ORDINANCE 428 AS AMENDED BY ORDINANCE
435 AND ORDINANCE 528, WHICH IS SUBJECT TO A FINE OF UP TO \$300.00 WITH EACH
DAY OF VIOLTION COONSIDERED A SEPARATE OFFENSE. THIS PERTAINS TO ALL
APARTMENT UNITS, HOMES NOT OCCUPIED BY THE OWNER AND ROOMS RENTED
OUT IN HOME.

BOROUGH OF NORTH WALES
300 SCHOOL STREET
NORTH WALES, PA 19454

PHONE: 215-699-4424 FAX: 215-699-3991

FEE: \$40.00 per unit per year
(\$35.00 re-inspection if needed)

APPLICATION FOR USE & OCCUPANCY PERMIT
2006

Current Owner of Property _____

Address & Phone Number _____

Location of Property _____

Tax Parcel No. _____ Block No. _____ Unit No. _____

Total Number of Units on Property _____

Unit(s) for which application is being submitted: _____

Number of Occupants in each unit _____

Contact Person(s) for inspection _____

Phone Number (s) _____

ADDITIONAL REMARKS _____
