

FOLCROFT BOROUGH 1555 Elmwood Ave Folcroft, PA 19032 PH 610-522-1305 FAX 610-522-1114	ANNUAL FIRE SAFETY INSPECTION APPLICATION	DATE RECEIVED
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1. NAME OF BUSINESS

_____ NO _____ STREET _____ APARTMENT NUMBER
 _____ AND _____
 _____ CROSS STREET _____ CROSS STREET

2. OCCUPANCY CLASSIFICATION	3. REQUIRED FEE
___ COMMERCIAL PROPERTY less than 1000 square feet	<u>\$200</u>
___ COMMERCIAL PROPERTY between 1001 & 2000 sq feet	<u>\$300</u>
___ COMERCIAL PROPERTY Over 2001 square feet of property	<u>\$300 + \$25 every 1000 sq ft</u>
___ SELF STORAGE FACILITY \$50 per storage unit	<u>\$50.00 per unit</u>

4. OCCUPANCY ANALYSIS

NUMBER OF TENANTS FOR ___ UNIT	TOTAL NUMBER OF ___ POSSIBLE UNITS IN COMPLEX	CURRENT NUMBER OF ___ RENTED UNITS
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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. DESIGNATION OF LOCAL AGENT

TENANT #1 CONTACT NAME AND OR COMPANY NAME	TELEPHONE	CELL PHONE
TENANT #2 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**

7. DESIGNATION OF LOCAL AGENT

THE OWNER WILL ACT AS THE LOCAL AGENT IF CHECKED PROCEEDS TO SECTION 11

THE OWNER WILL NOT ACT AS THE LOCAL AGENT IF CHECKED, FILL OUT SECTIONS 8 THROUGH 10

8. LOCAL AGENT INFORMATION

CONTACT NAME TELEPHONE CELL
E-MAIL _____

CONTACT NAME TELEPHONE CELL
E-MAIL _____

CONTACT NAME TELEPHONE CELL
E-MAIL _____

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 Folcroft Borough office, until the property in question has been inspected by the BCO's Office and determined to be clean, sanitary, and habitable, nor until the BCO's office certifies by the issuance 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 Folcroft 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

Emergency contractors contact list must be submitted with the application YES SUBMITTED NO
Can local agent 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 Folcroft Borough office, until the property in question has been inspected by the BCO's Office and determined to be clean, sanitary, and habitable, nor until the BCO's office certifies by the issuance 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 Folcroft 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 **DATE**