



LOWER POTTS GROVE TOWNSHIP

Certificate of Reinspection Application

2199 Buchert Road, Pottstown, Pa. 19464 Telephone: 610-323-0436 Fax : 610-323-3824

Property Address: _____

Current Owner: _____

Listing Agent: _____ Listing Agent Cell Number: _____

Applicant: _____ Applicant's Phone Number: _____

Applicant's Address: _____

Applicant's Fax Number: _____ Inspection Fee Attached: \$ _____

Signature: _____

<input type="checkbox"/>	Residential – Single Family \$30.00
<input type="checkbox"/>	Residential – Multi Family \$30.00 per unit
<input type="checkbox"/>	Commercial/Office \$40.00
<input type="checkbox"/>	Industrial \$50.00
<input type="checkbox"/>	Other (Please Explain): _____

This section for office use only:

Received by: _____ Date: _____ Application # assigned: _____
Fee Paid: Cash Check # _____ Money Order Inspection Date: _____ Time: _____
Certificate Date: _____ Inspected By: _____
Agreement: _____

NOTES:

