

**Municipality of Norristown**  
**235 East Airy Street**  
**Norristown, Pa. 19401**  
**Business: (610) 270-0441**  
**Fax: (610) 279-7548**

<b>For Office Use Only</b>	<b>Date Application Received:</b>
Fee \$ _____ .00	
0 Cash 0 Check # _____	Received by: _____
Parcel # 13- _____	
Zoning Use Registration Permit# _____	

**PROPERTY TRANSFER/ CHANGE OF TENANT PERMIT APPLICATION**

**Please print or type all information. Application WILL NOT be processed if it is not completed properly.**

**SECTION 1. Zoning Compliance.** In order to verify that all zoning requirements have been met a copy of a signed zoning use registration **MUST** be attached to this application at the time submittal.

**SECTION 2. Reason for Application** (Check Appropriate Condition)

\_\_\_\_ Residential Owner Occupied Transfer                      \_\_\_\_ Residential Rental Occupancy Sale  
\_\_\_\_ Commercial Sale/Transfer of Ownership                      \_\_\_\_ Commercial Change of Tenant  
\_\_\_\_ Commercial / Residential Change of Use Classification

Location of Property: \_\_\_\_\_ Floor and/or Suite and/or Apt # \_\_\_\_\_

**SECTION 3: Occupancy Classification/Use Group Information.** Please indicate the present occupancy type/use group. (If the building is mixed use, mark all of the appropriate classification/use groups).

- |   |   |
|---|---|
| 1. <input type="checkbox"/> One Family Dwelling                             | 7. <input type="checkbox"/> Mercantile          |
| 2. <input type="checkbox"/> Two Family Dwelling                             | 8. <input type="checkbox"/> Business            |
| 3. <input type="checkbox"/> Apartment/Condominium Building # of Units _____ | 9. <input type="checkbox"/> Factory/ Industrial |
| 4. <input type="checkbox"/> Rooming and Lodging House # of Units _____      | 10. <input type="checkbox"/> Storage            |
| 5. <input type="checkbox"/> Place of Assembly. Occupant Load _____          | 11. <input type="checkbox"/> Utility            |
| 6. <input type="checkbox"/> Educational                                     | 12. <input type="checkbox"/> Other _____        |

If the use is other than residential, please provide a brief description of the activities/processes conducted therein: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4. Present Owner**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECTION 5. New Owner/Buyer**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If new owner is a Company, Corporation, LLP, ETC please provide the following information.**

Chief Operating Officer(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Section 6. If a residential occupancy is involved, does the buyer intend to occupy or reside at the location?  Yes  No**

(If the answer is No, the property must conform to the Municipalities annual rental registration requirements the application forms and fee schedule for which can be obtained in the code department offices.

**Section 7. FOR COMMERCIAL CHANGE OF TENANT ONLY**

Commercial Tenant Business Name: \_\_\_\_\_

Nature of the business \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please note that certain information regarding the new commercial occupancy must be forwarded to the Norristown Fire Department for inclusion in the Montgomery County Emergency Services database for use during a fire or other type of emergency. Please complete the attached form and forward to the Norristown Fire Marshal Office. A certificate will not be issued until such time as the Fire Marshal confirms receipt.**

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**Application is hereby made to the Municipality of Norristown for the approval to use and occupy the aforementioned location in full or part. I agree to comply with all Ordinances and Codes of the Municipality of Norristown and the Commonwealth of Pennsylvania. I will not occupy or allow occupancy of any land, structure or building until a Certificate of Occupancy is issued. I understand that any misrepresentation in this application will be grounds for the revocation of the application or the Certificate of Occupancy & Use.**

\_\_\_\_\_  
**Owner's Name (please print)**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

I hereby certify that this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent.

\_\_\_\_\_  
**Agent's Name (please print)**

\_\_\_\_\_  
**Agents Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Representing (company or firm)**

\_\_\_\_\_  
**Telephone Number**