



BOARD OF SUPERVISORS
WEST GOSHEN TOWNSHIP
1025 Paoli Pike, West Chester, PA 19380
Phone: 610-696-5266 Fax: 610-429-0616

RENTAL INSPECTION & CERTIFICATE OF INSPECTION

Date: _____

Owner's Name: _____ Owner's Address: _____

Phone Number: _____

Email: _____

Address of Rental Unit: _____

Tenant Name: _____ Email: _____

Tenant Phone Number: _____

For New Tenant, Provide Date of Proposed Occupancy: _____

A new tenant shall not occupy the unit without first receiving a certificate of occupancy in that Tenant's name. I further understand that if I violate any provisions of Chapter 75 of the West Goshen Township Code, I will be liable for penalties as described in Section 75-10 of the code.

Print Name

Signature

CERTIFICATE OF OCCUPANCY

The above listed unit has been inspected and found to be in accordance with Chapter 75 of the West Goshen Township Code and the inspection fee has been paid at the time of the inspection. The unit was inspected on _____ by _____. The above listed tenant may occupy the property immediately. Valid for one year from date of issuance.

Inspector's Signature

Date