



**HAVERFORD TOWNSHIP**  
**TEMPORARY PROCEDURES DURING COVID-19 PANDEMIC**  
**USE AND OCCUPANCY CERTIFICATES- PROPERTY TRANSFER**  
**APPLICATIONS AND INSPECTIONS**

To allow the transfer of properties during the COVID-19 pandemic, Haverford Township will permit residents to perform a “self inspection” of the property for the issuance of a conditional Use and Occupancy certificate.

This certificate is contingent upon the required improvements being completed once normal operations resume.

**CONDITIONAL USE AND OCCUPANCY SELF INSPECTION AFFIDAVIT**

PROPERTY ADDRESS: \_\_\_\_\_

BUYER: \_\_\_\_\_

SELLER: \_\_\_\_\_

DATE OF SETTLEMENT: \_\_\_\_\_

It is understood and agreed that \_\_\_\_\_ buyer(s) of the property located at \_\_\_\_\_ acknowledges that the inspection conducted prior to the issuance of the Conditional Use and Occupancy certificate for the transfer of this property was “self performed” by the owner/agent, per the modified procedures permitted by Haverford Township during the COVID-19 pandemic. The attached inspection form was not completed or verified for accuracy by any officer or agent of Haverford Township. Any items noted on this inspection sheet must be corrected before a final Use and Occupancy certificate will be issued.

**BUYER:**

**Witness:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**SELLER:**

**Witness:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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



**HAVERFORD TOWNSHIP**  
**TEMPORARY PROCEDURES DURING COVID-19 PANDEMIC**  
**CONDITIONAL USE AND OCCUPANCY CERTIFICATE**  
**PROPERTY TRANSFER**  
**SELF INSPECTION FORM**

PROPERTY ADDRESS: \_\_\_\_\_

PERSON PERFORMING INSPECTION: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

*PLEASE INDICATE "YES", "NO", OR "NOT APPLICABLE" FOR THE FOLLOWING ITEMS:*

**1. HOUSE NUMBERS**

- \_\_\_\_\_ Are house numbers are present
- \_\_\_\_\_ At least 4 inches high
- \_\_\_\_\_ Clearly visible from the street
- \_\_\_\_\_ Easily read in inclement weather and at night

**2. SMOKE DETECTORS**

*Are smoke detectors present and operational in the following areas?*

- \_\_\_\_\_ All bedrooms
- \_\_\_\_\_ Outside of sleeping areas (hallway)
- \_\_\_\_\_ Each floor of the dwelling (including basement)
- \_\_\_\_\_ Attic (if stairs are present)
- \_\_\_\_\_ Is a carbon monoxide detector present outside of the bedroom area?

**3. SIDEWALKS**

- \_\_\_\_\_ Do any sidewalk or walkway sections contain a crack that is entirely through the concrete block?
- \_\_\_\_\_ If so, how many?
- \_\_\_\_\_ Do any segments deviate in elevation between blocks in excess of 3/4 inches or have a substantial defect?

**4. CURBS**

*Do curb sections contain:*

- \_\_\_\_\_ Structural cracks or structural defects?
- \_\_\_\_\_ A deviation between curb segments or sections that exceed 3/4 inch?
- \_\_\_\_\_ Areas less than three inches in height as measured from the road to the top of the curb?
- \_\_\_\_\_ Areas that are deteriorated?

**5. SUMP PUMP AND FLOOR DRAINS**

- \_\_\_\_\_ Does the property have a sump pump or floor drain?
- \_\_\_\_\_ Does the sump pump or floor drain connect to the public sanitary sewer system?
- \_\_\_\_\_ Does water drain outside in a way that may cause an icing condition on a public right of way?

**6. BACKWATER VALVES**

- \_\_\_\_\_ Are any plumbing fixtures located in the basement, or below street level?
- \_\_\_\_\_ Are these fixtures connected to the public sanitary sewer system?
- \_\_\_\_\_ Do these fixtures have a backwater valve installed?

**IF ANY OF THE ABOVE ITEMS REQUIRE CORRECTION AFTER SETTLEMENT,  
THE BUYER WILL BE RESPONSIBLE FOR THE COMPLETION OF WORK.**