



MIDDLE SMITHFIELD TOWNSHIP  
147 MUNICIPAL DRIVE  
EAST STROUDSBURG, PA 18302  
570-223-8920 FAX: 570-445-3720

**RESALE/OCCUPANCY CERTIFICATE**  
**REQUEST FOR RE-INSPECTION**

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED**

1. Property Address: \_\_\_\_\_
2. Property Identification Number (PIN): 0 9 7 3 \_\_\_\_\_
3. Certificate Permit Number: \_\_\_\_\_

REQUESTED BY:

4. Name: \_\_\_\_\_

Seller/Owner       Agent       Buyer

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\*We will email the certificate to this email address

5. Is property vacant? \_\_\_\_\_
6. Is water on? \_\_\_\_\_ Is electricity on? \_\_\_\_\_

\*If water and/or electricity is *not* turned on, applicant will receive Temporary Access Certificate only and will require re-inspection once water and electricity is turned on. Re-inspection is \$50

7. Is property within a gated community? \_\_\_\_\_ If yes, provide access code: \_\_\_\_\_

Applicant hereby authorizes members of Township Boards, staff and representatives to enter the lands proposed for site inspections.

I hereby certify that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**Signature of Requester:** \_\_\_\_\_

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