



CITY OF BEAVER FALLS
DEPT. OF CODE ENFORCEMENT & ZONING

(724) 847-2808 Ext. 200 ♦ Fax (724) 847-4748

715 Fifteenth Street ♦ Beaver Falls, PA 15010

WWW.BEAVERFALLSPA.ORG

NO LIEN LETTER REQUEST

REQUIREMENTS FOR THE ISSUANCE OF A NO-LIEN LETTER

- Request for lien letters must be received *at least seven (7) business days* in advance of closing.
- A forwarding address for the SELLERS *must* be provided.
- The City charges a fee of **\$50.00 per parcel** for the issuance of a no-lien letter for ONLY Property maintenance liens and sewer (prior 1991), and paving liens that must be paid in full prior to the issuance of a no-lien letter.
- A Zoning Occupancy Inspection is REQUIRED for properties with structures BEFORE CLOSING.
- Make checks payable to: *City of Beaver Falls*

Please help save unnecessary phone calls by using the instructions above and by using the checklist requirements provided below.

- ✓ Provide seller's forwarding address below?
- ✓ Enclose \$50 per parcel for no-lien letter?
- ✓ Does the parcel have a structure?
- ✓ If so, provide REQUIRED zoning occupancy inspection application & fee PER structure/PER unit?

APPLICATION FOR A NO-LIEN LETTER

Please read and review the above procedures to ensure a timely response to your no-lien letter request. **This form *must* be used to request a no-lien letter.** Be advised that if *all* of the requirements are not met, a no-lien letter cannot be issued. Please type or print information below and **return no-lien letter application to the City of Beaver Falls.**

Closing Date _____

| | | | |
|--|---|--|-------------------------------------|
| ADDRESS OF PROPERTY: | | PARCEL: | |
| NUMBER OF DWELLING STRUCTURES: | | NUMBER OF ACCESSORY USE STRUCTURES: | |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two- Family Dwelling | <input type="checkbox"/> Multi-Family Dwelling _____ units | |
| <input type="checkbox"/> Commercial with _____ residential units | | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |

| | | |
|--|--------------------|-------------|
| SELLER'S NAME: | | |
| SELLER'S FORWARD ADDRESS (NOT AN OPTION, MUST BE PROVIDED): | | |
| PURCHASER'S NAME: | | |
| PURCHASER'S ADDRESS: | | |
| AGENCY OR REALTOR REQUESTING NO-LIEN LETTER: | | |
| CONTACT PERSON: | | |
| DAYTIME PHONE: () | CELL PHONE: () | FAX: () |
| EMAIL: | | |

Upon completion of the sale of the property, please forward the name, address and address of the new owner (if different than above) to the City of Beaver Falls at the above address. Also, please be notify the new owners that a Rental License and Inspections is REQUIRED if the property is to become a rental property or not occupied by the owner. The information and an application for the inspection may be obtained through the address listed above.