



# LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue - Feasterville, P.A. 19053  
215-357-7300

Dear Future Business Owner,

Welcome and thank you for choosing Lower Southampton as the place you would want to do business!  
Listed below is some helpful information regarding Lower Southampton Township application process and ordinance.

- 1) Submit commercial resale use & occupancy application for approval of use by Zoning Officer.  
**Note:** Application requires an answer for each line item; incomplete applications will **not** be accepted.
- 2) Upon Zoning Officers approval (*not before*) you **MUST** contact each of the following to obtain inspections; \*

Energy, Electrical, Mechanical, Plumbing  
Mid-Atlantic Inspection Agency  
(215) 322-2626

Fire Marshal Inspection  
(215) 357-7300 ext. 348

Building Inspection  
(215) 357-7300 ext. 313

**\*FINAL INSPECTIONS MUST BE MADE WITHIN 30 DAYS OF THIS APPLICATION APPROVAL\***

I UNDERSTAND MY BUSINESS CAN NOT OPEN UP UNTIL ALL INSPECTIONS ARE PASSED  
AND I RECEIVE MY USE AND OCCUPANCY CERTIFICATE please initial \_\_\_\_\_

You are required to contact Berkheimer Tax at: 325-A N Pottstown Pike  
Exton, PA 19341  
(610) 363-7214

- 3) Commercial Resale Use & Occupancy Certificate will be issued **ONLY** after all inspections are complete and all reports from each inspector is received by Lower Southampton Township.

***Zoning Ordinance of Lower Southampton Township, Chapter 27 ss 2203***

***States you cannot operate your business... "until the Zoning officer (or his agent) shall issue a final permit that such building or use complies with the provisions of the permit issued."***

***That does include compliance with all inspections as outlined on the permit. Failure to comply with this ordinance may result in further action including the shutting down of your business until set provisions are abided by.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Be Advised:** The ordinances have been written to protect both our business population and the citizens of our township. We would suggest that before you do any renovations to your structure: signs, changes to parking, changes in use, promotions such as tents or temp signs, etc... that you check first with this office to avoid receiving a violation notice. We do not allow exposed Neon Signs anywhere, including windows, nor do we allow flashing or moving signs. If you are going to have any sign you must apply for a sign permit and have it approved. Snow must be removed from sidewalks within 12 hours after snowfall.

Again, on behalf of Lower Southampton Township, we welcome you and look forward to a long and successful relationship.  
Sincerely,  
William Oettinger, Zoning Officer



# Application for Commercial Resale Use & Occupancy

Lower Southampton Township  
1500 Desire Avenue  
Feasterville, PA 19053  
215-357-7300

Permit No. \_\_\_\_\_  
Admin Fee: \_\_\_\_\_  
F.M. Fee: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

FAXED PERMIT APPLICATIONS WILL **NOT** BE ACCEPTED!

Date of Proposed Occupancy: \_\_\_\_\_ Tax parcel Number: 21- \_\_\_\_\_

Name of Proposed Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Proposed Business Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Federal ID Number \_\_\_\_\_ OR State ID Number: \_\_\_\_\_

Email Address of Permit Recipient: \_\_\_\_\_

Name of Proposed Occupant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupant Home Address \_\_\_\_\_

Name of Property owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Name of Property Management/Manager: \_\_\_\_\_

Name of Trash Removal Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Trash Removal Address: \_\_\_\_\_

Zoning Classification \_\_\_\_\_ new construction \_\_\_\_\_ old construction \_\_\_\_\_

PROPOSED Use of Property and Type of Business: \_\_\_\_\_

PRIOR Use of Property/Type of Business: \_\_\_\_\_

SQUARE FOOTAGE of floor space: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number and type of vehicles to be parked: \_\_\_\_\_

Number of parking spaces available: \_\_\_\_\_ *Attach a parking plan for your premises*

Performing any additional construction or alterations? \_\_\_\_\_ \*must apply for permit(s)

Will you be installing or re-facing sign(s): \_\_\_\_\_ \*must apply for sign permit(s)

I understand that a material misrepresentation in this application is grounds for revocation of any permit issued. The applicant further agrees that the use of said premise shall be in strict accordance with all applicable ordinances of the Township and laws of the State. I understand I need permits for ANY signs (including temporary ground signs and banners) and construction, electrical, plumbing or mechanical alterations. I agree to check with the Township for sign regulations.

(Exposed Neon Signs are Not Allowed in Windows)

**FINAL INSPECTIONS MUST BE MADE WITHIN 30 DAYS from approval date**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Zoning Officer authorizes **ONLY** the allowed use.

# Lower Southampton Township Office of the Fire Marshal

## ANNUAL COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

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1500 Desire Ave. Feasterville, Pa. 19053 215-357-7300 ext.311 Fax 215-357-6036

THIS FORM SHALL BE COMPLETED IN FULL AND LEGIBLE. ILLEGIBLE FORMS WILL NOT BE ACCEPTED.

IF ANY OF THIS INFORMATION SHOULD CHANGE, CONTACT THE FIRE MARSHAL'S OFFICE.

Today's Date: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Owners Home Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

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

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

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Emergency Contact Information (Place in priority order-Closest person first)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Fire Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Alarm Monitor Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Sprinkler Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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FOR OFFICE USE ONLY

Date faxed to communications: \_\_\_\_\_ Sent By: \_\_\_\_\_