

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

Permit No.: \_\_\_\_\_

# **COMMERCIAL USE & OCCUPANCY Permit Application**

## Lower Southampton Township

1500 Desire Ave.

Feasterville, Pa 19053

Phone #: 215-357-7300 Ext. 352

E-mail: permits@lstwp.org

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

Tax Parcel No.: \_\_\_\_\_

Admin Fee: \_\_\_\_\_

F.M. Fee: \_\_\_\_\_

Total Fees: \_\_\_\_\_

### **PROPOSED BUSINESS INFORMATION**

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

Federal (or State) Business ID #: \_\_\_\_\_

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

Contact Person for Inspection: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **PROPOSED OCCUPANT INFORMATION**

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

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

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **PROPERTY OWNER/MANAGEMENT INFORMATION**

Name of Property Owner: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Property Management: \_\_\_\_\_

Name of Property Management Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **USE INFORMATION**

Previous Use: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Type of Business: \_\_\_\_\_

SQUARE FOOTAGE of floor space: \_\_\_\_\_ ft<sup>2</sup>

Construction or alterations? YES  or NO  If yes, please describe the work:

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

Permit No.: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Installing or Re-facing a Sign(s): YES  or NO

# of Employees: \_\_\_\_\_ # of Vehicles to be Parked: \_\_\_\_\_ # of Available Parking Spaces\*: \_\_\_\_\_

**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 INSPECTION MUST BE MADE WITHIN 30 DAYS**

Applicant's Name: \_\_\_\_\_  
(Print your name)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**LOWER SOUTHAMPTON TOWNSHIP OFFICIAL USE ONLY**

APPROVED  DENIED

Building Code Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Stipulations *and/or* conditions: \_\_\_\_\_

Date of Passed Final Inspection (Building – Inspection Report Attached): \_\_\_\_\_

Date of Passed Final Inspection (Fire Marshal - Inspection Report Attached): \_\_\_\_\_

Use & Occupancy CLASSIFICATION: \_\_\_\_\_

**Reference (2015 International Building Code – Chapter 3)**