

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: _____ ft²

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)

Lower Southampton Township

Office of the Fire Marshal

ANNUAL COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

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: _____ Email Address: _____

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: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Fire Alarm Company: _____ Phone: _____

Fire Alarm Monitor Provider: _____ Phone: _____

Sprinkler Company: _____ Phone: _____

FOR OFFICE USE ONLY

Date faxed to communications: _____ Sent By: _____