

LOWER SOUTHAMPTON TOWNSHIP



Bucks County
1500 Desire Avenue
Feasterville, PA 19053
215-357-7300

Admin. Fee: _____ F.M. Fee: _____
Total Fees: _____
<i>TOWNSHIP "PAID" STAMP</i>

COMMERCIAL USE AND OCCUPANCY APPLICATION

Application Date: _____ Permit Number: _____

SITE INFORMATION

Street Number and Name and Unit:		
City:	Zip Code:	County:
Zoning District:	Tax Parcel Number:	
Name of Property Owner:	Phone Number:	
Address of Property Owner:		
Name of Property Management/Manager:	Phone Number:	

BUSINESS INFORMATION

Proposed Business Name:
Business Phone Number:
Federal or State ID Number:
Name of Certificate Holder:
Home address of Certificate Holder:
Certificate Holder Email Address:

Proposed Use:	Type of Business:
Square Footage of floor space:	

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: _____ 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: _____

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: _____

USE/OCCUPANCY CLASSIFICATION

A-1	A-2	A-3	A-4	A-5	B	E
F-1	F-2	H-1	H-2	H-3	H-4	H-5
I-1	I-2	I-3	I-4	M	R-1	R-2
R-3: Adult Care		R-3	R-4	S-1	S-2	U

Number of parking spaces available: _____

Performing any additional construction or alterations? Yes or No *must apply for permit(s)

Will you be installing or re-facing sign(s)? Yes or No *must apply for permit(s)

There are no guarantees or warranties, neither express nor implied by this inspection. It is recommended that the buyer/tenant to hire his or her own inspector for a structural analysis. Any property sold or rented without a Use and Occupancy Certificate will receive a **VIOLATION** from Lower Southampton Township along with **DOUBLE FEE** for application.

*You are required to contact BERKEIMER TAX at 610-363-7214
office address: 325-A N. Pottstown Pike, Exton, P.A. 19341
to inform their office about your new Business location.*

After your application is approved, you will receive an email from Lower Southampton Township with instructions on who to contact for your inspections. Once inspections are completed and PASSED your Certificate of Occupancy will be emailed to the Certificate holder listed on the application. AFTER you receive your completed Certificate of Occupancy your Business may open.

Applicant's Name: _____ Date: _____
(PRINTED)

Signature of Applicant: _____ Date: _____

LOWER SOUTHAMPTON TOWNSHIP USE ONLY

Disposition: *please select* APPROVED or DENIED

Building Code Official Signature: _____ Date: _____

Special Stipulations and or Conditions: _____

FINAL PASSED INSPECTION DATES: _____ (inspection reports attached)

BUILDING: _____

FIRE MARSHAL: _____

ELECTRICAL: _____

ENERGY, MECHANICAL & PLUMBING: _____