



# Lower Southampton Township

Bucks County, Pennsylvania  
1500 Desire Avenue – Feasterville, PA 19053  
Phone: (215) 357-7300 – E-Mail: [permits@lstwp.org](mailto:permits@lstwp.org)

**\*\* OFFICE USE ONLY\*\***

ZONING FEE:

PERMIT NO:

FM FEE:

TOTAL FEE:

## COMMERCIAL USE & OCCUPANCY PERMIT APPLICATION

### I. PROPERTY INFORMATION (Each line item MUST be completed)

Street Name:

Suite/Unit:

Tax Parcel ID:

### II. CONTACT INFORMATION (Each line item MUST be completed)

*Please be advised: ONLY applicant receives correspondence and/or permit*

Applicant Name:

E-Mail:

Phone No.:

### III. NEW BUSINESS INFORMATION (Each line item MUST be completed)

Business Name:

Contact Person:

E-Mail:

Phone No.:

Federal (or State) Business ID No.:

### IV. NEW OCCUPANT INFORMATION (Each line item MUST be completed)

Name:

Home Address:

City:

State:

Zip:

E-Mail:

Phone No.:

### V. NEW PROPERTY OWNER INFORMATION (Each line item MUST be completed)

Name:

Address:

City:

State:

Zip:

E-Mail:

Phone No.:

### VI. PROPERTY MANAGEMENT INFORMATION (Each line item MUST be completed)

Name:

Contact Person:

E-Mail:

Phone No.:

### VII. SITE USE INFORMATION (Each line item MUST be completed)

Previous Use:

Type of Business:

New Use:

Type of Business:

Square Footage of Floor Space:

No. of Available Parking Spaces:

No. of Vehicles to be Parked:

No. of Employees:

Performing Alterations or Construction:  YES  NO

If Yes, Describe:

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

### VIII. APPLICANT'S CERTIFICATION (Signature REQUIRED)

The undersigned owner, tenant or authorized agent hereby certify that:

- All information provided as a part of this application is true and correct.
- An application misrepresentation may result in revocation of any issued permit.
- Agrees that the use of said premise shall be in strict accordance with all applicable ordinances of Lower Southampton Township and laws of the State of Pennsylvania.
- That any alteration, construction or signage require a permit and all work will be performed and completed in accordance with the rules and regulations set forth in Lower Southampton Township Ordinance.
- Final Inspection must be made within 30 days.

Signature of Applicant:

Date:

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Use & Occupancy Classification:

Zoning Officer Decision  APPROVED  DENIED

Zoning Officer Signature:

Date:

Special Stipulations and/or Conditions:



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*Office of the Fire Marshal*

### COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

#### **BUSINESS INFORMATION** (Each line item **MUST** be completed)

Business Name:

Business Address:

Suite/Unit:

Business Mailing Address:

Phone:

E-Mail:

Type of Business:

Hours of Operation:

No. of Employees:

#### **BUSINESS OWNER INFORMATION** (Each line item **MUST** be completed)

Name:

Home Address:

Phone:

E-Mail:

#### **PROPERTY OWNER INFORMATION** (Each line item **MUST** be completed)

Name:

Address:

Phone:

E-Mail

#### **EMERGENCY CONTACT INFORMATION** (Three Names Required – place in priority order)

Name:

Phone:

Name:

Phone:

Name:

Phone:

#### **FIRE ALARM INFORMATION** (Each line item **MUST** be completed)

Fire Alarm Company:

Phone:

Fire Alarm Monitor Provider:

Phone:

Sprinkler Company:

Phone:

#### **FOR OFFICE USE ONLY**

Faxed Communication Date:

Sent by