



Lower Southampton Township

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

**** OFFICE USE ONLY****

Date Received: _____
Admin Fee: _____ PERMIT NO: _____
FM Fee: _____
TOTAL Fee: _____

COMMERCIAL USE & OCCUPANCY PERMIT APPLICATION

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

ADDRESS: _____ Suite/Unit: _____

Tax Parcel ID: **21** -

II. CONTACT INFORMATION (Each line item MUST be completed) Please be advised: **ONLY APPLICANT** receives correspondence and/or permit.

APPLICANT:

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)

NEW OCCUPANT NAME:

Home Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

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

PROPERTY OWNER NAME:

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

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

PROPERTY MANAGEMENT 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

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

If Yes, Describe: _____

VIII. APPLICANT'S CERTIFICATION *(Applicant Signature MANDATORY)*

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.

Applicant Signature:

Date:

****OFFICE USE ONLY****

Zoning Officer Decision APPROVED DENIED

Zoning Officer Signature:

Date:

Special Stipulations and/or Conditions:

Use & Occupancy Classification:

REFERENCE (2018 International Building Code – Chapter 3)



Lower Southampton Township

Bucks County, Pennsylvania
1500 Desire Avenue – Feasterville, PA 19053
Phone: (215) 357-7300 x311 – E-Mail: tclark@lstwp.org

Office of the Fire Marshal

COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

I. BUSINESS INFORMATION (Each line item **MUST** be completed)

Business Name:

Business Address:

Business Mailing Address:

Phone:

E-Mail:

Type of Business:

Hours of Operation:

No. of Employees:

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

Name:

Home Address:

Phone:

E-Mail:

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

Name:

Address:

Phone:

E-Mail:

IV. EMERGENCY CONTACT INFORMATION (Three Names Required – place in priority order)

Name:

Phone:

Name:

Phone:

Name:

Phone:

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

Fire Alarm Company:

Phone:

Fire Alarm Monitor Provider:

Phone:

Sprinkler Company:

Phone:

****OFFICE USE ONLY****

Faxed Communication Date:

Sent by:



Lower Southampton Township

Bucks County, Pennsylvania

1500 Desire Avenue – Feasterville, PA 19053

Phone: (215) 357-7300 x352 – E-Mail: kim@lstwp.org

SEWER LATERAL INSPECTION REPORT

I. PROPERTY INFORMATION

Address:

Property Use: Commercial Institutional Multi-Family Residential

II. AGENCY / INSPECTOR INFORMATION

Inspection Company Name:

Inspection Company Address:

Inspector's Name:

Phone No.:

III. INSPECTION DETAILS

CCTV Date:

Time:

Entrance Point of Camera: Inside Cleanout Trap Vent Other

Lateral Material: Pipe Diameter Cast PVC Other

Property has been verified as having no illegal storm or outside surface drains connected to sewer: Yes No

IV. VIDEO DETAILS

Video Footage: _____ ft Description: _____

Video Footage: _____ ft Description: _____

Video Footage: _____ ft Description: _____

V. INSPECTION RESULTS

Inspector's inspection results concluded this sewer lateral **PASSED** **FAILED** inspection.

Recommended repairs to restore normal lateral function:

VI. CERTIFICATION

The undersigned hereby certify that:

- All information provided as a part of this report form is true and correct.
- That all work was performed, completed and in accordance to Lower Southampton Township, Ordinance No. 598.
- That the recommended repairs and video recording provided are true, unaltered and accurate.

Inspector Signature:

Date:

Ordinance No. 598 Section IV – Within one (1) year of 04.13.2022, adoption of this Ordinance, all multi family, commercial and institutional properties shall be inspected in accordance with this Ordinance to demonstrate the private lateral servicing the property is sound and free from inflow and infiltration and that no illegal storm or surface water discharges exist or may exist during rain events as provided herein. Thereafter, re-testing and certification of the lateral(s) shall occur at five (5) year intervals or upon sale and/or transfer of property, whichever is earlier.