



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 and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

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 and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

BUSINESS NAME:

Contact Person: _____

E-Mail: _____ Phone No.: _____

Federal (or State) Business ID No.: _____

IV. NEW OCCUPANT INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

NEW OCCUPANT NAME:

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

E-Mail: _____ Phone No.: _____

V. PROPERTY OWNER INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

PROPERTY OWNER NAME:

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

E-Mail: _____ Phone No.: _____

VI. PROPERTY MANAGEMENT INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

PROPERTY MANAGEMENT NAME:

Contact Person: _____

E-Mail: _____ Phone No.: _____

VII. SITE USE INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

Previous Use: _____ Type of Business: _____

New Use: _____ Type of Business: _____

Square Footage of Floor Space: _____ Hours of Operation: _____

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: _____

Continue on Next Page

Submit copies of all required life safety inspection reports, including FIRE ALARM SYSTEM INSPECTION REPORT, SPRINKLER SYSTEM INSPECTION REPORT, KITCHEN SUPPRESSION SYSTEM INSPECTION REPORT (if applicable)

§ 18-604 Certificate of Lateral Compliance: Multifamily, Commercial and Institutional Properties. [Ord. No. 598, 4/13/2022]

Within one year of the adoption of this Part, all multifamily, commercial and institutional properties shall be inspected in accordance with this Part to demonstrate the private lateral servicing the property is sound and free from inflow and infiltration and that no illegal stormwater or surface water discharges exist or may exist during rain events as provided herein. Thereafter, retesting and certification of the lateral(s) shall occur at (5) five-year intervals or upon sale and/or transfer of property, whichever is earlier.

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

Office of the Fire Marshal

Bucks County, Pennsylvania

1500 Desire Avenue – Feasterville, PA 19053

Phone: (215) 357-7300 x 311 – Fax: (215) 357-6036

E-Mail: fire@lstwp.org

ANNUAL COMMERCIAL ACCOUNTABILITY REGISTRATION FORM

Today's Date:

I. BUSINESS INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

Business Name:

Business Address:

Business Mailing Address:

E-Mail:

Phone:

Type of Business:

II. BUSINESS OWNER INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

Name:

E-Mail:

Phone:

III. PROPERTY OWNER INFORMATION (Each line item **MUST** be completed and legible – ILLEGIBLE FORMS WILL NOT BE ACCEPTED)

Name:

Address:

E-Mail:

Phone:

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

Name:

E-Mail:

Phone:

Name:

E-Mail:

Phone:

Name:

E-Mail:

Phone:



THIS FORM SHALL BE COMPLETED IN FULL AND LEGIBLE. ILLEGIBLE FORMS WILL NOT BE ACCEPTED!
GIVE THIS FORM TO INSPECTOR OR EMAIL TO FIRE@LSTWP.ORG



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.