



Township of Upper Southampton  
939 Street Road  
Southampton, PA 18966  
215-322-9700

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

ADMIN 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 Upper 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 Upper Southampton Township Ordinance.
- Final Inspection must be made within 30 days.

Signature of Applicant:

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)**



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*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: