



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: