



BENSALEM TOWNSHIP

Building and Planning Department
 2400 Byberry Road • Bensalem, PA 19020
 Office 215-633-3644 • Fax 215-633-3753

Permit No.	
Date:	
Fee:	

APPLICATION

COMMERCIAL & INDUSTRIAL USE & OCCUPANCY

The Uniform Construction Code, Act 45, Section 403.46(a) Certificate of Occupancy, requires that a building, structure or facility may not be used or occupied without a Certificate of Occupancy issued by a Building Code Official including all required inspections being performed to insure construction complies with the Uniform Construction Code.

Site/Location Information	Location of Property: _____ (Street Address, Unit Number, Etc.) Tax Parcel No. _____ Business Name/Tenant: _____ Proposed Use: _____ Square Footage: _____																						
Applicant Information	<p style="text-align: center;"><u>Property Owner</u></p> Name _____ Address _____ E-Mail Address _____ Phone _____	<p style="text-align: center;"><u>Buyer</u> <input type="checkbox"/> or <u>Lessee</u> <input type="checkbox"/></p> (check only one) _____ E-Mail Address _____ _____ Contact Person to Schedule Inspection: _____ Name _____ Phone _____																					
Signatures	<p>If special inspections were required on your project, the final report on your "Special Inspections and Observations Statement" (UCC-6) is required before the Use and Occupancy permit will be issued.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____ <i>Signature of Property Owner</i> </td> <td style="width: 50%; text-align: center;"> _____ <i>Signature of Buyer/Lessee</i> </td> </tr> <tr> <td style="text-align: center;"> _____ Print Name of Owner </td> <td style="text-align: center;"> _____ Print Name of Buyer/Lessee </td> </tr> </table>		_____ <i>Signature of Property Owner</i>	_____ <i>Signature of Buyer/Lessee</i>	_____ Print Name of Owner	_____ Print Name of Buyer/Lessee																	
_____ <i>Signature of Property Owner</i>	_____ <i>Signature of Buyer/Lessee</i>																						
_____ Print Name of Owner	_____ Print Name of Buyer/Lessee																						
B & P USE ONLY INSPECTIONS	<p style="text-align: center; color: red;">A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Zoning Officer</td> <td style="width: 15%;">Date</td> <td style="width: 10%;"><input type="checkbox"/> Pass</td> <td style="width: 10%;"><input type="checkbox"/> Fail</td> <td rowspan="5" style="border: 1px solid black; padding: 5px;"> Use _____ Class _____ UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No ECC Compliance Report <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td>Building/Plumbing Inspector</td> <td>Date</td> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/> Fail</td> </tr> <tr> <td>Electrical Inspector</td> <td>Date</td> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/> Fail</td> </tr> <tr> <td>Fire Inspector</td> <td>Date</td> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/> Fail</td> </tr> <tr> <td>Final Accessibility</td> <td>Date</td> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/> Fail</td> </tr> </table>		Zoning Officer	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Use _____ Class _____ UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No ECC Compliance Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Building/Plumbing Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Electrical Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Fire Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Final Accessibility	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Zoning Officer	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Use _____ Class _____ UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No ECC Compliance Report <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Building/Plumbing Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail																				
Electrical Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail																				
Fire Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail																				
Final Accessibility	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail																				

USE AND OCCUPANCY CODE ANALYSIS

Please provide the following information. Form must be completed in its entirety or application will not be processed.

Property Address:			
Tax Parcel No.			
Name of business at above location:			
Proposed use(s) at above address:(i.e. industrial, retail, office, storage, etc.)			
Use 1		Square Footage:	
Use 2:		Square Footage:	
Use 3:		Square Footage:	
Use 4:		Square Footage:	

Total Square Footage: _____

Construction of building:

Is the building sprinklered?

Overall dimensions of building tenant space:

IF THIS IS EITHER A STORAGE, INDUSTRIAL, OR MANUFACTURING FACILITY, LIST IN DETAIL THE TYPES AND QUANTITIES OF MATERIAL THAT WILL BE STORED OR USED ON THE PREMISES.

MATERIAL	QUANTITY	METHOD of STORAGE

ATTENTION ALL RESTAURANTS AND NIGHTCLUBS MUST PROVIDE THE FOLLOWING:
IF STORING ANY CHEMICALS YOU ARE REQUIRED TO COMPLETE THE APPLICABLE SCHEDULES (attached) AND PROVIDE MSDS

1. Two copies of the existing and proposed floor plan prepared by an architect or Engineer (signed and sealed is not required).The floor plan shall indicate the location of all tables and chairs, restroom facilities and all equipment.
2. Occupant load and calculations.
3. Egress width and calculations.
4. Egress diagram.

I do declare under the penalty of perjury that this has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

Signature of Business Owner

Date

OFFICE USE ONLY

APPROVED DENIED

Building Official

Date



BENSALEM TOWNSHIP

Department Of Public Safety

FIRE RESCUE DEPARTMENT

2400 Byberry Road - Bensalem, Pa 19020
Phone: 215-633-3617 - Fax: 215-633-3662

BUSINESS INFORMATION/ EMERGENCY CONTACT FORM

DATE FILED: _____

The following information is needed in order to update your business and emergency contact information.
Please neatly print or type all information.
Please notify us in the event of any changes in this information.

OCCUPANT INFORMATION

Business Name (as displayed): _____

Property Address: _____ Suite: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Fire Alarm System: Yes No Fire Alarm Reset Code: _____

Fire Alarm Company Name & Phone Number: _____

Security Alarm: Yes No

BUSINESS OWNER INFORMATION

Business Name (corporate name if different than above): _____

Business Owner Name: _____ Phone Number: _____

Mailing Address: _____ Cell Phone: _____

City State ZIP: _____ Email Address: _____

BUSINESS BILLING/CORRESPONDENCE INFORMATION

Billing Name: _____ Phone Number: _____

Mailing Address: _____ City State ZIP: _____

Email Address: _____

EMERGENCY CONTACT/KEY HOLDER INFORMATION

List persons who are authorized to respond in an emergency, with a key to the building.

1st Contact Name: _____ Title: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

2nd Contact Name: _____ Title: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

3rd Contact Name: _____ Title: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Please fill this form out and mail or email to:
Bensalem Fire Rescue ~ 2400 Byberry Road ~ Bensalem PA 19020
Email: kpoll@bensalempa.gov