BENSALEM TOWNSHIP

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

APPLICATION

Permit No.	
Date:	
Fee:	

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

Property Owner	**Buyer ☐ or Lessee ☐** (check only one)
Name _____	_____
Address _____	_____
E-Mail Address _____	E-Mail Address _____
Phone _____	_____

Contact Person to Schedule Inspection: _____

Name _____ Phone _____

Signatures

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.

Signature of Property Owner	*Signature of Buyer/Lessee*
Print Name of Owner	Print Name of Buyer/Lessee

B & P USE ONLY INSPECTIONS

A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT

Zoning Officer	Date	☐ Pass	☐ Fail
Building/Plumbing Inspector	Date	☐ Pass	☐ Fail
Electrical Inspector	Date	☐ Pass	☐ Fail
Fire Inspector	Date	☐ Pass	☐ Fail
Final Accessibility	Date	☐ Pass	☐ Fail

Use _____
Class _____
UCC-6 ☐ Yes ☐ No
ECC Compliance Report ☐ Yes ☐ No

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? ☐ **YES** ☐ **NO**			
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: fireoffice@bensalempa.gov