



CHALFONT BOROUGH

40 North Main Street, Chalfont PA 18914

Phone: 215-822-7295 / Fax 215-822-5528

APPLICATION FOR NON-RESIDENTIAL USE & OCCUPANCY CERTIFICATE

Fee: \$75.00 Check Number: _____

Date: _____

SALE

RENTAL

Property Address: _____ Unit No: _____ TPN: 07- _____

Zoning District: BC CC LI VOC OS/P R1 R2 R3 R4

Applicant Name & Address _____

Phone: _____

Applicant is (Check One): Seller Buyer Agent Renter Lessor

Current Property Owner: _____

Address: _____ Phone: _____

New Owner or Lessee: _____

Address: _____ Phone: _____

Business Name: _____

Will property be utilized as a residential or commercial rental unit?

If YES, provide the name(s) of occupants/tenants on page 2.

Contact information for access and inspection of property:

Name: _____

Address: _____ Phone: _____

Proposed date of occupancy: _____

The Property Contact shall contact Chalfont Borough at 215-822-7295 and schedule the inspection. Most requests for inspections can be accommodated within seventy-two (72) hours notice. Please plan accordingly.

Use Group (Check One):

Assembly (A1,A2,A3,A4, or A5)

High Hazard (H1,H2,H3, or H4)

Business

Mercantile

Educational

Storage

Factory/Industrial (F1 or F2)

Utility & Miscellaneous

Mailing Address or Fax Number for completed Permit: _____

Chalfont Borough residents are required to pay a 1% earned income tax through Keystones Collections. Information on the EIT Collection can be accessed at www.chalfontborough.com. It is the residents' responsibility to notify their employer and provide the PSD Code: 090502

The following items shall be submitted to Chalfont Borough for review prior to the issuance of any Non-Residential Use and Occupancy Certificate:

1. Statement of Use and Operations by proposed occupant
2. Completed Fire Emergency Information Form including sketches of the areas to be occupied
3. Water Quality Test
4. Inspection and approval letter from the Bucks County Health Department regarding the inspection of the on-site disposal system
5. Specifics regarding water usage and wastewater generated by the operations of the proposed occupant.
6. Inspection and approval letter from the Pennsylvania Board of Health
7. Inspection and approval letters from any local, state or federal agencies which oversee the installation and operation of x-ray equipment or any other radiation producing equipment or material.
8. Medical waste disposal plan

If you have more than one unit, please specify ALL tenants and their unit I.D.

<u>Tenant/Occupant</u>	<u>Unit I.D.</u>	<u>Contact No.</u> (optional)	<u>Place of Employment</u> (optional)
-------------------------------	-------------------------	---	---



CHALFONT BOROUGH
40 North Main Street, Chalfont PA 18914

FIRE / EMERGENCY INFORMATION FORM

Date: _____

Facility Information

Name of Facility: _____ Business
Phone: _____
Address: _____ City: _____ Zip: _____
Zoning District: _____ Tax Parcel Number: _____
Type of Facility: _____
Describe the nature of the operations which will occur within the premises: _____
Owner/Tenant: _____ Personal Phone: _____
Alarm Company: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Alarm Type (Water Flow, Smoke, etc.): _____
Does facility currently have an automatic sprinkler system? _____ Agent: _____
Number of heads: _____ Number of Risers: _____ Number of Standpipes: _____
Size: _____
Standard Hours of Facility Operation: Day: _____ Night: _____
Average Number of Employees/Occupants for each shift: Day: _____
Night: _____

Emergency Contact Information

1. Name: _____
Phone: _____

2. Name: _____
Phone: _____

Building Information

Square Feet of Building Footprint: _____ Number of Floors: _____
Does Building have an occupy Basement level? _____ If so, what is Square Footage? _____
Building Construction Type (Masonry, Frame, etc.): _____
Roof Type (Corrugated Steel, Wood, Truss, etc.): _____
Floor Type (Concrete, Wood, Truss, etc.): _____
Roof Openings (Vents, Skylights, etc.): _____

Special Considerations or Comments:

On the reverse side of this form, please draw the **building layout** (outside parameters of the structure or of your particular space within a multi-tenant building). For multi-story buildings use a separate layout for each floor of the building (attach additional sheets of paper, if necessary). Indicate which part of the building is the street side and indicate all entrance/exit doors and stairs on the building layout.

Identify the location of all the following items, and any other items that you feel may have relevance, by placing the number corresponding to that item in the appropriate location on the building layout. Please try to be as accurate as possible. If you are unsure of any items, please indicate so on this form and the Fire Marshal will be in contact with you. Thank you, in advance, for your efforts.

- | | | |
|--------------------------------|---|-----------------------|
| No. 1 Gas Shut Off | No. 5 Fire Dept. Connection to Sprinkler System | No. 9 Propane Storage |
| No. 2 Main Electrical Shut Off | No. 6 Standpipe Connection (multi-story bldg.) | No. 10 Knox Box |
| No. 3 Water Shut Off | No. 7 Hazardous Materials Storage | No. 11 |
| No. 4 Alarm Panel Box | No. 8 Materials Safety Data Sheets | No. 12 |