



# 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.

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                              |                               |                                     |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|-------------------------------|-------------------------------|----------------------|------|-------------------------------|-------------------------------|----------------|------|-------------------------------|-------------------------------|---------------------|------|-------------------------------|-------------------------------|
| <b>Site/Location Information</b>            | Location of Property: _____<br>(Street Address, Unit Number, Etc.)<br><br>Tax Parcel No. _____<br>Business Name/Tenant: _____<br>Proposed Use: _____<br>Square Footage: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                              |                               |                                     |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
| <b>Applicant Information</b>                | <p style="text-align: center;"><b><u>Property Owner</u></b></p> Name _____<br>Address _____<br>E-Mail Address _____<br>Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p style="text-align: center;"><b><u>Buyer</u></b> <input type="checkbox"/> or <b><u>Lessee</u></b> <input type="checkbox"/></p> (check only one)<br>_____<br>E-Mail Address _____<br>_____<br><b>Contact Person to Schedule Inspection:</b> _____<br>Name _____ Phone _____ |                                             |                                                                                                                                                                              |                               |                                     |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
| <b>Signatures</b>                           | <p>If special inspections were required on your project, the final report on your "<b>Special Inspections and Observations Statement</b>" (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;">           _____<br/> <i>Signature of Property Owner</i> </td> <td style="width: 50%; text-align: center;">           _____<br/> <i>Signature of Buyer/Lessee</i> </td> </tr> <tr> <td style="text-align: center;">           _____<br/>           Print Name of Owner         </td> <td style="text-align: center;">           _____<br/>           Print Name of Buyer/Lessee         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                              | _____<br><i>Signature of Property Owner</i> | _____<br><i>Signature of Buyer/Lessee</i>                                                                                                                                    | _____<br>Print Name of Owner  | _____<br>Print Name of Buyer/Lessee |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
| _____<br><i>Signature of Property Owner</i> | _____<br><i>Signature of Buyer/Lessee</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                              |                               |                                     |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
| _____<br>Print Name of Owner                | _____<br>Print Name of Buyer/Lessee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                              |                               |                                     |                                                                                                                                                                              |                             |      |                               |                               |                      |      |                               |                               |                |      |                               |                               |                     |      |                               |                               |
| <b>B &amp; P USE ONLY INSPECTIONS</b>       | <p style="text-align: center; color: red;"><b>A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT</b></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 _____<br/>           Class _____<br/>           UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>           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 _____<br>Class _____<br>UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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 _____<br>Class _____<br>UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.

1<sup>st</sup> Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

3<sup>rd</sup> 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: [sschilling@bensalempa.gov](mailto:sschilling@bensalempa.gov)