



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	<u>Property Owner</u> <u>Buyer</u> <input type="checkbox"/> or <u>Lessee</u> <input type="checkbox"/> (check only one)
	Name _____
	Address _____ _____
	Phone _____
	Contact Person to Schedule Inspection: _____ Name _____ Phone _____

Signatures	If special inspections were required on your project, the final report on your " <i>Special Inspections and Observations Statement</i> " (UCC-6) is required before the Use and Occupancy permit will be issued.	
	_____ <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	A SIGNED COPY OF THIS APPLICATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT		
	_____ Zoning Officer	_____ Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	_____ 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	_____
Class	_____
UCC-6	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECC Compliance Report	<input type="checkbox"/> Yes <input type="checkbox"/> 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? _____

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