

EARL TOWNSHIP

PERMIT # _____

APPLICATION FOR OCCUPANCY PERMIT

DATE OF RECEIPT: _____

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Description of New Structure or Modification: _____

Name of Business: _____

Business will contain _____ square feet and a height of _____ from grade to the highest point.

Dimension: _____ Date of Completion: _____

Date of Start Up: _____

Proposed Use: _____

PROVIDE TWO (2) SETS OF PLANS WHICH CLEARLY SHOW...

1. Construction plans of sufficient detail to demonstrate compliance with the Township's building code (if applicable)
2. The dimensions and shape of the lot to be built upon.
3. The location and dimensions (length & width) of all existing buildings on the lot.
4. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
5. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
6. The location of sanitary sewer and water supply facilities.
7. A statement indicating the existing and proposed use.

Date

Applicant's Signature

FOR ZONING OFFICERS USE ONLY

This application is: Approved () Denied ()

Date

Zoning Officers Signature

Comments: _____

Deposit Paid: _____ Zoning Permit Fee: _____ Inspection Fees: _____ Admin: _____

Total Fee Due: _____ Zoning District: _____ Tax Map Number: _____

Earl Township

517 North Railroad Avenue
New Holland, PA 17557
(717) 354-0773 - Fax (717) 355-0599

COMMERCIAL/INDUSTRIAL TENANT OCCUPANCY CHANGE

A ZONING PERMIT PURSUANT TO THE EARL TOWNSHIP ZONING ORDINANCE AND A BUILDING PERMIT PURSUANT TO THE UNIFORM CONSTRUCTION CODE (UCC) ARE REQUIRED BEFORE A TENANT OF A COMMERCIAL OR INDUSTRIAL SPACE MOVES INTO AN EXISTING OR PROPOSED TENANT SPACE. FAILURE TO DO SO WILL MAKE THE BUILDING "UNCERTIFIED" UNDER THE CURRENT UCC LAWS.

TO ASSURE THAT ALL TENANTS ARE IN COMPLIANCE WITH THE REQUIREMENTS OF THE UCC, THE ATTACHED APPLICATION MUST BE COMPLETED, IN ADDITION TO THE REQUIRED ZONING PERMIT APPLICATION. THIS APPLICATION IS REQUIRED PURSUANT TO THE BELOW CITED SECTIONS OF THE UCC.

SECTION 403.46 – CERTIFICATE OF OCCUPANCY.

- (A.) A BUILDING, STRUCTURE OR FACILITY MAY NOT BE USED OR OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY A BUILDING CODE OFFICIAL.

SECTION 403.42. – PERMIT REQUIREMENTS AND EXEMPTIONS.

- (A.) AN OWNER OR AUTHORIZED AGENT WHO INTENDS TO CONSTRUCT, ENLARGE, ALTER, REPAIR, MOVE, DEMOLISH OR CHANGE THE OCCUPANCY OF A COMMERCIAL BUILDING, STRUCTURE AND FACILITY OR TO ERECT, INSTALL, ENLARGE, ALTER, REPAIR, REMOVE, CONVERT, OR REPLACE ANY ELECTRICAL, GAS, MECHANICAL, OR PLUMBING SYSTEM REGULATED BY THE UNIFORM CONSTRUCTION CODE SHALL FIRST APPLY TO THE BUILDING CODE OFFICIAL AND OBTAIN THE REQUIRED PERMIT UNDER SECTION 403.42A (RELATING TO PERMIT APPLICATIONS).

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Application for change of Use and Occupancy Certificate

Earl Township allows the selection of one of the following four inspection agencies to review applications for a change of use and occupancy. Please initial and date your selection below....

_____	Associated Building Inspection, Inc. <u>www.weknowcodes.com</u>	717-733-1654
_____	Code Administrators, Inc. <u>www.codeadministrators.com</u>	717-859-3350
_____	Commonwealth Code Inspection Services, Inc. <u>office@commonwealthcode.com</u>	717-664-2347
_____	Technicon Enterprises II, Inc. <u>receptionist@technicon2.com</u>	610-286-1622

Applicant shall complete the top section of this form and return it to Earl Township for issuance of a permit. The application will be forwarded to the building department for review and approval. Should the building department require more information you will be contacted at the numbers provided. When approval has been obtained, an inspection shall be scheduled by consulting the Building Code Official at the number supplied with the permit. Occupancy shall be reviewed under the Existing International Building Code.

o **To be completed by the applicant – please print legibly**

Date: _____
Applicant Name: _____ Phone Contact No. _____
Applicant Address: _____
Applicant e-mail: _____

Business Name: _____ Business Phone No. _____
Business Address: _____

Property Owners: _____ Phone Contact No. _____
Property Owners Address: _____

Do you have access to any prior occupancy certificates? If yes, please provide. _____
What type of business will be operated from this location? Please explain below: _____

What type of business activity was previously at this location? _____

Does the business involve the use or storage of hazardous materials? _____

If hazardous materials are used or stored provide quantities and MSDS sheets? _____

Have or are any changes to the configuration of the space going to be made? _____

Are there any accessible facilities available on the property? _____

Is this a multi-story building? _____

Does the Building have sprinkler or fire protection systems? _____

Has Zoning approval been obtained for this business at this location? _____

How many employees will be working at this location? _____



- To be completed by the building department

Date application received: _____

Application reviewed by: _____

Application approved: If No see below Yes: _____ No: _____

Date: _____

C/O issue date: _____ Code Official: _____