MONTGOMERY TOWNSHIP PLANNING AND ZONING

1001 Stump Road, Montgomeryville, PA 18936-9605
Telephone: 215-393-6920 - Fax: 215-855-1498
www.montgomerytwp.org

Permit # _____MTMSA _____ Fee $ _____ Check # _____

NON RESIDENTIAL OCCUPANCY PERMIT APPLICATION

****A floor plan sketch of proposed room uses, sizes and locations within the building shall be submitted with the application.****

Tenant/Facility Name/Site Address _____

Applicant Email Address _____Phone #_____

Tenant Mailing Address (if different) _____

Contact Name _____ Phone # _____

Property Owner_____

Property Owner's Address _____

Square footage (total building / tenant) /_____Number of floors (total / tenant) ___/_____ Building is: Single tenant _____Multi-tenant _____If multi-tenant please list other tenants:_____

_____

Existing fire sprinkler system provided? Y / N Does it provide protection for all areas? Y / N
**Note: Proof of annual inspection (tagged at riser) will be required at the Use and Occupancy inspection.*
**Certification from a fire-protection professional may also be required for the new use or product(s) being stored.*

Existing fire alarm/detection system provided? Y / N Does it provide protection for all areas? Y / N
**Note: Proof of annual certification will be required at the Use and Occupancy Inspection.*

Any specialized fire protection system provided? Y / N What does this system protect? _____
**Note: Proof of applicable NFPA certification will be required at the Use and Occupancy Inspection.*

Existing Knox Box and Truss Placard? Y / N Keys in Knox Box Up-to-date? Y / N
** All non-residential occupancy requires installation of both.*

Will any of the following take place on the property? (Check all that apply)

Operations or processes
- □ Dry cleaning
- □ Combustible dust production
- □ Application or mixing of flammable finishes
- □ Semiconductor fabrication
- □ Woodworking
- □ Organic coating production
- □ Industrial oven use
- □ Motor vehicle repair/fueling
- □ Welding
- □ Laboratory chemical use

Storage or use
- □ Aerosols
- □ Combustible fibers
- □ Compressed gases
- □ Corrosive materials
- □ Cryogenic fluids
- □ Explosives / fireworks
- □ Flammable gases
- □ Flammable solids
- □ Flammable or combustible liquids
- □ Use of compressed or liquid gases
- □ Highly toxic or toxic materials
- □ Liquefied petroleum gases
- □ Organic peroxides
- □ Oxidizers
- □ Pyrophoric materials
- □ Cellulose nitrate
- □ Reactive materials
- □ Other (describe)

**Material Safety Data Sheets as well as maximum daily quantities for all products being stored or used at the facility may be required.*

Summarize the tenant's intended use associated with the proposed occupancy: (use separate sheet if needed)

_____

_____

_____

Date of Intended Occupancy: _____

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In order to ensure that buildings are properly maintained and occupied safely, the following list of items has been compiled from applicable areas of the Code. Each tenant must supply the information on the application and have the items below in good order at the time of inspection. If you have any questions regarding any part of the Occupancy process please do not hesitate to contact our office at (215) 393-6920 for assistance.

- ☐ A floor plan sketch of proposed room uses, approximate sizes, and locations within the building shall be submitted with the application.
- ☐ Fire extinguishers properly located and maintained (tagged). (Inspected within the last 12 months)
- ☐ Clear means of egress throughout the facility.
- ☐ Address numbers must be clearly visible from the street. Numbers shall be a minimum of 4" high and ½" width.
- ☐ All required exit signs and emergency means of egress lighting provided, tested and operating properly.
- ☐ Emergency lighting circuits clearly marked within the circuit breaker box.
- ☐ Proper fire resistance rating maintained at all fire rated assemblies (walls & ceilings).
- ☐ Proper clearance from combustibles provided for all electrical and mechanical equipment.
- ☐ Proper commodity storage, i.e. height limitations, clearance to sprinkler heads, clear aisles etc.
- ☐ Proper and safe operation of all electric, mechanical, and plumbing equipment, devices, and fixtures.
- ☐ Proof that existing fire suppression and alarm/detection systems have been maintained and tested within the timeframe required within the applicable NFPA standard.
- ☐ Facility free of electrical hazards such as exposed wiring, splices not enclosed in junction boxes, junction boxes without covers or not properly secured, and openings within circuit breaker boxes. The Township reserves the right to require the inspection and certification of the electrical system by an authorized Independent Electrical Underwriter.
- ☐ **Knox Box – provide entry keys to the Fire Marshal to place in the Knox Box. Where no Knox Box exists one must be acquired (order forms are available at the Planning Department).**
- ☐ **Truss Placard – Township Ordinance requires the placement of placards on buildings to alert Fire personnel to the presence of trusses (floor and roof) within a building. Placards are available for purchase in the Planning Office.**

Painting, cabinetry & carpet replacement etc. is work not requiring construction permits. The alteration, demolition or construction of walls, doors, windows or mechanical systems etc. will require a building permit. Signs will require zoning permits/approvals. Ask for a building or zoning permit if such work is contemplated.

□ **Temporary Retail Sales. Will occupy space from _____ to _____**

Number of vendors/tables/booths: _____

Property Owner / Business authorization signature _____

I acknowledge that the permit application does not constitute approval to occupy the space. Once zoning approval is granted for the proposed use, an inspection of the premises is required within 14 days of occupying the space.

Owner/Auth. Agent: _____ Date _____

Signature *Please Print Name*

-- OFFICIAL USE ONLY BELOW THIS LINE --

IBC Building Type:

(IA) (IB) (IIA) (IIB) (IIIA) (IIIB) (IV) (VA) (VB)

IBC Use Group/Groups: Separated _____ Non-Separated _____

(A1) (A2) (A3) (A4) (A5) (B) (E) (F1) (F2) (H1) (H2) (H3) (H4) (H5) (I1) (I2) (I3) (I4) (M) (R1) (R2) (S1) (S2) (U)

Occupant Loads:

Area One: _____ Area Two: _____ Area Three: _____ Total: _____

Approvals: _____ _____

Zoning Officer *Date* *Building Official* *Date*

Complete Emergency Listing Page Below

Montgomery Township Police Department

1001 Stump Road, P.O. Box 68
Montgomeryville, PA 18936

PHONE: 215-362-2301 FAX: 215-362-6383 E-MAIL: police@montgomerytwp.org

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TO: ALL BUSINESS IN MONTGOMERY TOWNSHIP

FROM: MONTGOMERY TOWNSHIP POLICE DEPARTMENT

SUBJECT: EMERGENCY CONTACTS

Please complete this form and return it to with this application. This information will be treated as CONFIDENTIAL. The information you provide will assist the police department in contacting you, your designated employee(s), or agents in the event of an emergency after normal business hours. Please complete as much of the form as possible. Feel free to keep a blank copy on file to send to the police department if there are any future changes to your contact list.

BUSINESS NAME: _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE: (____) _____ **FAX: (____)** _____

PERSONS TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____

NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____

NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____

NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____

IF BUILDING IS ALARMED, NAME AND PHONE NUMBER OF ALARM COMPANY:

NAME: _____ **PHONE: (____)** _____

HAZARDS IN THE BUDILING OR PREMISES:

_____