



Worcester Township
1721 Valley Forge Road
P.O. Box 767
Worcester, PA 19490-0767
Phone: 610-584-1410
Fax: 610-584-8901

DATE RECEIVED (OFFICE USE ONLY)

PRE-PAYMENT FOR PERMIT APPLICATIONS IS **REQUIRED**.
 ALL PERMIT APPLICATIONS MUST BE SUBMITTED **WITH** PAYMENT.
 PLEASE REVIEW THE TOWNSHIP FEE SCHEDULE TO CALCULATE FEE.

PARCEL INFORMATION (OFFICE USE ONLY)	APPLICATION NO:
PARCEL NO: 6700-	UNIT NO:
BLOCK NO:	ZONING DIST:

NON-RESIDENTIAL USE & OCCUPANCY PERMIT APPLICATION

1. PROPERTY LOCATION / ADDRESS / SUITE #

2. PROPERTY OWNER	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

3. APPLICANT – <input type="checkbox"/> Same as Owner OR:	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

4. PROPOSED USE	
<input type="checkbox"/> New Use <input type="checkbox"/> Change of Use <input type="checkbox"/> New Tenant <input type="checkbox"/> Other Structure/Use	
<input type="checkbox"/> Business Medical Office	<input type="checkbox"/> Restaurant/Bar
<input type="checkbox"/> Mercantile/Store (low hazard)	<input type="checkbox"/> Church/School
<input type="checkbox"/> Institutional	<input type="checkbox"/> Industrial/Factory
<input type="checkbox"/> Service Station/Repair Garage	<input type="checkbox"/> Storage
<input type="checkbox"/> Hotel/Motel/Apartment with 3 or more dwelling units (moderate/high hazard)	
<input type="checkbox"/> Other:	

5. NEW TENANT – <i>If applicable</i>	
Name	Mailing Address
City	State / Zip
Phone #	E-mail

10. EXISTING FIRE PROTECTION SYSTEMS	
<i>Please list any existing fire protection systems.</i>	
Type	Specifics
<input type="checkbox"/> Auto Sprinkler	<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other
<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Type:
<input type="checkbox"/> Commercial Hood	<input type="checkbox"/> Wet Chemical <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other:
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Pull Stations <input type="checkbox"/> Horn/Strobe <input type="checkbox"/> Addressable <input type="checkbox"/> Other:
<input type="checkbox"/> Fire Detection	<input type="checkbox"/> Smoke Detection <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other:
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> GPM: _____
<input type="checkbox"/> Standpipe	<input type="checkbox"/> Wet <input type="checkbox"/> Dry Number of hose outlets: _____
<input type="checkbox"/> Private Fire Hydrant	Number of Hydrants: _____
<input type="checkbox"/> Other	Describe:

11. BUILDING / LOT CHARACTERISTICS	
<i>Applicant may be required to provide additional documentation.</i>	
BUILDING	SQUARE FEET
Square Feet, Basement	
Square Feet, First Floor	
Square Feet, Second Floor	
Square Feet, Third Floor	
Total Square Feet – Building	
Total Square Feet – Working Area	
NUMBER OF RESTROOMS	AMOUNT
Men	
Women	
Unisex	
FIRE PROTECTION, ADDITIONAL	RESPONSE
Knox Box (Fire Dept. Key Box) – <i>recommended</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Extinguishers	
Registered alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. APPLICANT CHECKLIST - Note: Some items may not apply.	
<input type="checkbox"/>	Fire alarm and detection system must be operational and proof of annual inspection/testing must be provided.
<input type="checkbox"/>	Fire suppression Systems must be operational and proof of semi-annual or annual inspection and testing must be provided.
<input type="checkbox"/>	All fire extinguishers must be operational and the annual inspection tags must be attached to each extinguisher.
<input type="checkbox"/>	The below fire and emergency information form must be completed and available at the inspection.
<input type="checkbox"/>	All fire rated doors and assemblies must be operational and free of defect or damage.
<input type="checkbox"/>	All required exit signs and emergency lighting must be provided and operational.
<input type="checkbox"/>	The street number must be displayed on the building or sign and clearly visible from the street. Numbers must be a contrasting color from the background and a minimum of six inches high.
<input type="checkbox"/>	Suite numbers must be displayed above the main entrance door and on the rear door(s) in any multi-tenant building.
<input type="checkbox"/>	All electrical wiring and equipment must be operational and free of defects.
<input type="checkbox"/>	All interior wall surfaces must be free of openings or damage.
<input type="checkbox"/>	All exterior walls, glazing, and roof surfaces must be weather tight and free of openings or damage.
<input type="checkbox"/>	Handrails/guardrails must be provided at all stairs, decks and walking surfaces more than 30 inches above grade.
<input type="checkbox"/>	All plumbing fixtures must be operational with appropriate signage in place.
<input type="checkbox"/>	Hot water heater boiler pressure relief valves must be provided and terminate within six inches of the floor.
<input type="checkbox"/>	Functioning windows or operational mechanical exhaust fans must be provided in all bathrooms.
<input type="checkbox"/>	Sump pump discharge must be to the exterior of the building and may not discharge into the sanitary sewer.

The below section must be completed and proof available at time of inspection.

FIRE & EMERGENCY INFORMATION FORM - Note: Some items may not apply.	
<input type="checkbox"/>	Proof that the existing fire suppression and alarm/detection systems have been maintained and tested within the timeframe required by the applicable NFPA standard.
<input type="checkbox"/>	Fire extinguishers properly located and maintained. (Inspected within last 12 months)
<input type="checkbox"/>	Proper fire resistance rating maintained at all fire rated assemblies.
<input type="checkbox"/>	All required exit signs and emergency means of egress lighting provided, tested and operating properly.
<input type="checkbox"/>	Proper clearance from combustibles provided at all electrical and mechanical equipment.
<input type="checkbox"/>	Clear means of egress throughout the facility.
<input type="checkbox"/>	Street address clearly visible from the street.
<input type="checkbox"/>	A Knox Box (fire dept. key) is suggested to be in installed at facility.
<input type="checkbox"/>	Fire department connections are properly labeled.

**PLEASE NOTE THIS CHECKLIST IS NOT ALL INCLUSIVE.
TOWNSHIP STAFF MAY REQUEST ADDITIONAL INFORMATION.**

I hereby certify that I am the owner of record of the named property, or that the proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

Applicant Signature: _____ Date: ____/____/____

PERMIT REVIEW (Office use only)			
Building Review:	Date Approved:	Use Group:	_____
Zoning Review:	Date Approved:	Type of Const:	VB or _____
Permit Conditions:			