



CHALFONT BOROUGH

40 North Main Street, Chalfont, PA 18914
Phone: 215-822-7295 • Fax 215-822-5528
Email: info@chalfontborough.com

APPLICATION FOR NON-RESIDENTIAL USE AND OCCUPANCY CERTIFICATE (Non-Residential, Commercial, Industrial, and Multi-Family Dwelling Units)

For Office Use Only		
U&O: _____	Payment Date: _____	Payment Transaction #: _____
<input type="checkbox"/> Sewer Certification Received (RESALE ONLY)		

Date of Application: _____ Fee: **\$75.00** TMP#: _____ RESALE or RENTAL

Property Address: _____ Unit No: _____

Zoning District: BC CC LI VOC OS/P R1 R2 R3 R4

Applicant Name: _____ Email: _____

Address: _____ Phone: _____

Applicant is (Check One): Seller Buyer Agent Lessee Lessor

Current Property Owner: _____ Email: _____

Address: _____ Phone: _____

New Owner or Lessee: _____ Email: _____

Address: _____ Phone: _____

Business Name & Email: _____

Will all or a portion of the property be utilized as a RENTAL unit (YES or NO)? _____ **If YES, specify for business or residential:** _____ **and then provide the tenant information on page 2.**

Contact information for access and inspection of property:

Name: _____ Email: _____

Address: _____ Phone: _____

Proposed date of occupancy: _____

Use Group (Check One):

- | | |
|---|--|
| <input type="checkbox"/> Assembly (A1, A2, A3, A4, or A5) | <input type="checkbox"/> High Hazard (H1, H2, H3, or H4) |
| <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Residential Multi-family |
| <input type="checkbox"/> Factory/Industrial (F1 or F2) | <input type="checkbox"/> Storage |

Email Address to send completed U&O Certificate: _____

Employers in Chalfont Borough are responsible for withholding Local Services Tax (LST) from their employees and filing quarterly tax returns with Keystone Collections Group. https://keystonecollects.com/taxes_fees/local-services-tax/

Please Note: Conditional U&O's will be charged an additional \$300 fee (see current Fee Schedule).

Conditional U&O's will be considered on a case-by-case basis.

U&O's will not be issued until all outstanding permits and fees have been satisfied.



CHALFONT BOROUGH

40 North Main Street, Chalfont, PA 18914

Phone: 215-822-7295 • Fax 215-822-5528

Email: info@chalfontborough.com

TENANT LIST

If you have more than one unit, please specify ALL tenants and their unit I.D. number.

Tenant/Occupant

Unit I.D.

Contact Phone #

Email Address

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Attach additional sheets of paper, if necessary.



CHALFONT BOROUGH

40 North Main Street, Chalfont, PA 18914

Phone: 215-822-7295 • Fax 215-822-5528

Email: info@chalfontborough.com

CHALFONT BOROUGH NON-RESIDENTIAL USE AND OCCUPANCY **INSPECTOR'S CHECKLIST**

- Smoke detectors are installed and operating on each level, including basement, and (if applicable) in each bedroom or sleeping area of any dwelling. In dwellings with existing hard-wire smoke detector systems not covering all areas, additional battery powered smoke detectors may be installed.
- Where there are fuel burning appliances, carbon monoxide detectors are installed; and in the case of multi-unit residential dwellings the detectors should be installed no further than 40 feet from every sleeping area.
- Locks on means-of-egress doors are readily operable from the inside without the need for keys, special knowledge, and/or effort.
- Every window, door, and frame is in sound condition, good repair, and weather-tight.
- The fire resistance rating of floors, walls, ceilings, and other elements and components including fire doors and smoke barriers are maintained.
- All exterior sidewalks, walkways, stairs, driveways, parking areas and similar spaces are in a proper state of repair. No tripping hazards.
- All interior stairs and railings are maintained in sound condition and good repair.
- Every exterior and interior stairway having more than four (4) risers, and every portion of a stair, landing, or balcony greater than thirty inches (30") above grade or floor has applicable graspable handrails and/or guardrails. All handrails and/or guardrails shall have openings no larger than four inches (4").
- The electrical system including service, fusing, circuit breakers, outlets, and wiring shall have no visible or obvious defects which constitute a hazard to the occupants of the space.
- If applicable, sump pump shall be installed properly and maintained in a safe working and approved manner. No sump pump shall be connected to the public sewer at any time.
- Temperature/pressure relief valve for hot water heater shall have discharge pipe properly installed. The discharge pipe shall extend to within six inches (6") of the floor without any reduction in the pipe diameter.
- Street address shall be legible on all buildings and displayed in reflective Arabic numerals or alphabet letters that are a minimum of four inches (4") high, with a minimum stroke width of 0.5 inch, and of contrasting color placed over the doorway and visible from the center of the roadway. If the correct-sized numbers/letters placed on the building are not readable from the street, then correct-sized numbers/letters should be placed on each side of the mailbox or its support post. If no mailbox is present or if the driveway is long, the correct-sized numbers/letters shall be placed on a marker or post of noticeable size and placed at the driveway entrance in a position to be easily readable from the street.
- Statement of Use and Operations by proposed occupant. (page 4)
- Completed Fire Emergency Information Form (page 5) and include sketch (page 6) with occupied areas noted.
- FOR RESALE TRANSACTIONS ONLY: Lateral sewer line inspection video & report (included with U&O application submission). Note: The U&O Certificate will not be issued until the lateral sewer line footage and inspection report is submitted to the Borough and has also been reviewed by the Chalfont New Britain Township Joint Sewer Authority.



CHALFONT BOROUGH

40 North Main Street, Chalfont, PA 18914
Phone: 215-822-7295 • Fax 215-822-5528
Email: info@chalfontborough.com

FIRE/EMERGENCY INFORMATION FORM

FACILITY INFORMATION

Date: _____

Name of Facility: _____ Business Phone: _____

Street Address: _____ Chalfont, PA 18914 **TMP#:** _____

Type of Facility: _____

Describe the nature of the operations which will occur within the premises: _____

Owner/Tenant Name: _____ Personal Cell Number: _____

Alarm Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Alarm Monitoring Co. & Phone No. (if different): _____

Alarm Type (Water Flow, Smoke, etc.): _____

Does facility currently have an automatic sprinkler system? _____ Agent: _____

Number of heads: _____ Number of Risers: _____ Number of Standpipes: _____ Size: _____

Standard Hours of facility operation during the Day Shift: _____ Night Shift: _____

Average Number of Employees/Occupants for the Day Shift: _____ Night Shift: _____

EMERGENCY CONTACT INFORMATION

1) Name: _____ Cell Phone: _____

2) Name: _____ Cell Phone: _____

BUILDING INFORMATION

Square Footage of Building Footprint: _____ Number of Floors: _____

Does Building have a Basement level? _____ If so, what is Basement Sq. Footage? _____

Building Construction Type (Masonry, Frame, etc.): _____

Roof Type (Corrugated Steel, Wood, Truss, etc.): _____

Roof Openings (Vents, Skylights, etc.): _____ Floor Type (Concrete, Wood, Truss, etc.): _____

Special Considerations or Comments: _____

On the reverse side of this sheet, please draw the **building layout** (outside parameters of the structure of your particular space within a multi-tenant building). For multi-story buildings, use a separate layout for each floor of the building. Indicate which part of the building is the street side, and indicate all entrance/exit doors and stairs on the building layout.

On your drawn building layout, identify the location of all the following items and any other items that you feel may have relevance by placing the number corresponding to that item in the appropriate location on the building layout. Please try to be as accurate as possible. If you are unsure of any items, please indicate so on this form and the Fire Marshal will be in contact with you. Thank you, in advance, for your efforts.

No. 1 – Gas Shut Off

No. 2 – Main Electrical Shut Off

No. 3 – Water Shut Off

No. 4 – Alarm Panel Box

No. 5 – Fire Dept. Connection to Sprinkler System

No. 6 – Standpipe Connection (multi-story bldg.)

No. 7 – Hazardous Materials Storage

No. 8 – Materials Safety Data Sheets

No. 9 – Propane Storage

No. 10 – Knox Box

No. 11 – _____

No. 12 – _____

