



West Norriton Township

1630 W. Marshall Street
Norristown, PA 19403
Phone: (610) 631-0450
Fax: (610) 630-0304
www.westnorritontwp.org

COMMERICAL USE & OCCUPANCY PERMIT APPLICATION

A Certificate of Occupancy is required for all new construction, change of use, change of occupant (tenant changes) and resales of non-residential buildings/facilities within West Norriton Township. Separate applications are required for each tenant space.

PART I - Location of property. Complete address, Zoning District, Parcel Number and Lot & Block must be provided on all applications.

PARTS II thru XI – Complete every section.

PART XII – Sign and date application. If property resident is not the owner of the property, a notarized statement indicating the owner's approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and or Applicant may be reached on the day of the inspection.

SPECIFICATIONS

- Permit needs to be submitted prior to final construction inspection if new construction or tenant fit out.
- Someone eighteen (18) years of age or older must be present at the time of inspection.
- Complete Police Emergency Contact list (see attached).
- For on-site septic systems, a certified inspection report within 2 years of application date must accompany this application.
- For new construction or tenant fit out, Certificate of Occupancy will not be issued until as built plans in .pdf format on one (1) CD is received.
- If an inspection fails twice for the same code violation, a reinspection fee will be required prior to a third inspection.

ADDITIONAL INFORMATION

FEES – Permit fees will be collected at the time the permit is issued and picked up at the Township building. If paying by check, please make check payable to “West Norriton Township”.

INSPECTIONS – Receipt of a Certificate of Occupancy is contingent upon the results of an inspection of the building/facility by the Building Code Official and/or Fire Marshal. Responsibility for notification for inspections lies with the owner or applicant.

SCHEDULE OF FEES

Commercial Use & Occupancy Permit Fees.

Use Groups as Follows Except One & Two Family Dwellings

Low Hazard Occupancy

(Business/Medical Office, Mercantile/Store)

- | | |
|----------------------------------|----------|
| • 1 – 2,000 Square Feet | \$110.00 |
| • 2,001 – 5,000 Square Feet | \$160.00 |
| • 5,001 – 10,000 Square Feet | \$210.00 |
| • 10,001 – 100,000 Square Feet | \$260.00 |
| • 100,001 Square Feet or Greater | \$310.00 |

Moderate / High Hazard Occupancy

(Restaurant/Bar, Church/School, Institutional, Industrial/Factory, Service Station/Repair Garage, Storage, Hotel/Motel/Apartment with 3 or more dwelling units)

- | | |
|----------------------------------|----------|
| • 1 – 2,000 Square Feet | \$200.00 |
| • 2,001 – 5,000 Square Feet | \$250.00 |
| • 5,001 – 10,000 Square Feet | \$300.00 |
| • 10,001 – 100,000 Square Feet | \$400.00 |
| • 100,001 Square Feet or Greater | \$500.00 |

Administration Fee \$ 64.00

West Norriton Township

Non-Residential Use & Occupancy Permit Application

I - LOCATION OF PROPERTY

Address: _____ City: _____

State: _____ ZIP: _____ Suite #: _____ Occupancy Date: _____

Business/Tenant Name: _____

II - OWNERSHIP

Private Tenant Other _____

III - IDENTIFICATION – To be completed by all applicants

APPLICANT Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PRESENT Name: _____ Phone: _____

OWNER

Address: _____

City: _____ State: _____ Zip Code: _____

NEW Name: _____ Phone: _____

OWNER OR

TENANT

Address: _____

City: _____ State: _____ Zip Code: _____

IV - TYPE OF APPLICATION

New Construction Resale Tenant Change

V - TYPE OF SEWAGE DISPOSAL

Public Private (septic tank)* Sewer Permit # _____

*** A certified inspection report of the septic system by an approved inspector must accompany this application. The inspection report must not be more than 2 years old from the date of this application.**

VI - NUMBER OF EMPLOYEES DURING OPERATION

Number of operation days per week _____

Full Time Employees _____ Hours per week _____

Part Time Employees _____ Hours per week _____

Seasonal Employees _____ Hours per week _____

VII - TYPE OF WATER SUPPLY

Public Private (well)

VIII – PROPOSED OCCUPANCY TYPE

- Business/Medical Office Mercantile/Store (Low Hazzard)
- Restaurant/Bar Church/School Institutional Industrial/Factory Service Station/Repair Garage
- Storage Hotel/Motel/Apartment with 3 or more dwelling units (Moderate/High Hazzard)

Description _____

Please check all that apply to the proposed use of the building/facility including operations, use or storage:

- | | |
|---|--|
| <input type="checkbox"/> Aerosol Products | <input type="checkbox"/> Amusement Buildings |
| <input type="checkbox"/> Aviation Facilities | <input type="checkbox"/> Cellulose Nitrate Film |
| <input type="checkbox"/> Cellulose Nitrate (Pyroxylin) Plastic | <input type="checkbox"/> Clean room |
| <input type="checkbox"/> Combustible Dust-Producing Operations | <input type="checkbox"/> Combustible Fibers |
| <input type="checkbox"/> Commercial Cooking | <input type="checkbox"/> Compressed Gases |
| <input type="checkbox"/> Covered Mall Buildings | <input type="checkbox"/> Cryogenic Fluids |
| <input type="checkbox"/> Cutting and Welding | <input type="checkbox"/> Dry Cleaning Plant |
| <input type="checkbox"/> Explosives, Ammunition, Blasting Agents and Fire Works | <input type="checkbox"/> Flammable and Combustible Liquids |
| <input type="checkbox"/> Floor Finishing Operations | <input type="checkbox"/> Fruit and Crop Ripening Operations |
| <input type="checkbox"/> Fumigation or Thermal Insecticide Fogging | <input type="checkbox"/> Hazardous Materials (use, storage or handling) |
| <input type="checkbox"/> Hazardous Production Materials (HPM) Facilities | <input type="checkbox"/> High Pile Storage (>12 ft high) |
| <input type="checkbox"/> Hot Work Operations | <input type="checkbox"/> Hyperbaric Chamber |
| <input type="checkbox"/> Idle Pallets | <input type="checkbox"/> Incinerator |
| <input type="checkbox"/> Industrial Oven or Furnace Operations | <input type="checkbox"/> Laboratory Using Chemicals |
| <input type="checkbox"/> Linen Handling System | <input type="checkbox"/> Liquefied Petroleum Gases (LPG) |
| <input type="checkbox"/> Lumber Yards or Woodworking Facilities | <input type="checkbox"/> Magnesium Processing |
| <input type="checkbox"/> Miscellaneous Combustible Storage(> 2,500 ft2) | <input type="checkbox"/> Open Flames or Candles (place of assembly) |
| <input type="checkbox"/> Organic Coatings | <input type="checkbox"/> Places of Assembly (> 50 people) |
| <input type="checkbox"/> Power Plant | <input type="checkbox"/> Solvent Extraction |
| <input type="checkbox"/> Refrigeration Equipment | <input type="checkbox"/> Repair Garages and Motor Fuel Dispensing Facilities |
| <input type="checkbox"/> Rooftop Heliports | <input type="checkbox"/> Spraying/Dipping with combustibles or flammables |

- Storage of Scrape Tires and Tire By-products
- Waste Handling, Wrecking or Junk Yard
- Wood Products

- Tire Rebuilding Plants
- Water Cooling Tower

If any items above have been checked, contact the West Norriton Township Fire Marshal (610-631-0450) to discuss any special requirements or additional fire code operational permits that may be required.

IX – EXISTING FIRE PROTECTION SYSTEMS

- Auto Sprinkler NFPA 13 NFPA 13R NFPA 13D Wet Dry Other: _____
- Clean Agent Type: _____
- Commercial Hood Wet Chemical Sprinkler Other: _____
- Fire Alarm Pull Stations Horn/Strobe Addressable Other: _____
- Fire Detection Smoke Detection Heat Detection Other: _____
- Fire Pump GPM: _____
- Standpipe Wet Dry # of hose outlets: _____
- Private Fire Hydrant # of hydrants: _____ **National Standard Thread is required.**
- Other _____

X – KNOX BOX (Fire Department Key Box) Yes No

Note: Contact the West Norriton Township Fire Marshal’s Office for an order form if a Knox Box is not present.

XI - BUILDING DIMENSIONS

Number of Stories: _____ Square Feet-Building: _____ Square Feet-Tenant Space: _____

Square Feet-Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Number of Restrooms: Men _____ Women _____ Unisex _____

XII - SIGNATURE

Deposit of Check Representing the Fee for this Application does not Constitute Approval of or Granting of Same by West Norriton Township. I hereby certify that the proposed sale is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of West Norriton Township.

SIGNATURE OF APPLICANT

DATE

INSPECTION CHECK LIST

The validity of the Certificate of Occupancy is contingent upon compliance with all West Norriton Township codes, ordinances and the Pennsylvania Uniform Construction Code. The property owner is responsible for compliance.

COMMERCIAL INSPECTIONS: Should any of the listed items below not be in compliance, a certificate will not be issued and a re-inspection will be required. After two (2) re-inspections an additional fee may be required.

- Fire alarm and detection systems must be operational and proof of annual inspection and testing must be provided.
- Fire suppression systems must be operational and proof of current annual inspection and testing must be provided.
- All fire extinguishers must be operational and the annual inspection tags must be attached to each extinguisher.
- A Knox Box (fire department key box) must be installed if the building has a fire alarm or sprinkler system. Contact the Fire Marshal for additional information.
- The attached Fire and Emergency Information Form must be completed and available at the inspection.
- All fire rated doors and assemblies must be operational and free of defects or damage.
- All required exit signs and emergency lighting must be provided and operational.
- 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 6 inches high.
- Suite numbers must be displayed above the main entrance door and on the rear door(s) in any multi-tenant building. Contact the Fire Marshal for additional information.
- All electrical wiring and equipment must be operational and free of defects. Cover plates must be in place at all switches, outlets and junction boxes. Wire splices must be within approved junction boxes.
- All circuit breaker/fuse box(s) must be properly secured and free of openings. A cover plate, breaker or fuse must fill every opening.
- All interior wall surfaces must be free of openings or damage.
- All exterior walls, glazing and roof surfaces must be weather tight and free of openings or damage.
- Handrails and/or guardrails must be provided at all stairs, decks and walking surfaces > 30 inches above grade.
- All plumbing fixtures must be operational with appropriate signage in place.
- Hot water heater/boiler pressure relief valves must be provided and terminate within 6 inches of the floor.
- Functioning windows or operational mechanical exhaust fans must be provided in all bathrooms.
- Sump pump discharge must be to the exterior of the building and may not discharge into the sanitary sewer.
- Any other deemed safety violation by inspector.

I HAVE READ THE ABOVE INFORMATION REGARDING INSPECTIONS:

____ SIGNATURE OF APPLICANT

IVATE SYSTEM

215-822-9300/215-997-2768 215-822-1869 FAX

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610-631-0450 PHONE 610-630-0304 FAX www.westnorritontwp.org

Revised 1/16

WEST NORRITON TOWNSHIP FIRE MARSHAL / EMERGENCY MANAGEMENT

EMERGENCY CONTACT INFORMATION

Business Address _____ Suite # _____

City: _____ Zip: _____

Business Name _____

Business Phone Number(s) _____

Fax Number _____

Web Site and/or E-Mail _____

Name of Alarm Company _____ Phone Number _____

Primary Business Contact and 24-Hour Emergency Contact

1) Name _____

Home Address _____

Home Phone Number _____ Cell/Mobile Number _____

E-Mail _____

Secondary 24-Hour Emergency Contacts

2) Name _____

Home Phone Number _____ Cell/Mobile Number _____

3) Name _____

Home Phone Number _____ Cell/Mobile Number _____

Today's Date _____

All information provided is considered confidential and will be utilized by West Norriton Township officials in the event of emergency involving your business/facility. Please contact the Fire Marshal with any questions or changes.

West Norriton Township Fire Marshal
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Norristown, PA 19403
610-631-0450
610-630-0304 (fax)
mvalyo@wntwp.com