



Community Development Department
 100 Parklane Drive • Eagleville, PA 19403
 Phone: (610) 539-8020 • Fax: (610) 539-6347
 www.lowerprovidence.org

APPLICATION: COMMERCIAL CERTIFICATE OF OCCUPANCY

(with Business License Application & Exemption Request included)

Application for a permit shall be made by the a) **owner** or lessee of the building or structure, by the b) **agent** of either, or by the c) **contractor** employed in connection with the proposed work.

This application should be used when there is a change of one or more of the following associated with a Non-Residential / Commercial Property:

- 1) **PROPERTY OWNER:**
 You are the owner of Non-Residential/Commercial property, and you are in process of selling the property to a new owner.

- 2) **TENANT and/or BUSINESS OWNER:**
 As a Business Owner you are considering a contract with / leasing space from / becoming a tenant of the owner of a Non-Residential/Commercial property for your business.
Note: If your use is different from most recent tenant business, the “Business Use” may be changing, as well.

- 3) **BUSINESS USE⁺:**
 You currently rent space at a Non-Residential/Commercial property & wish to change/expand the use conducted.
⁺ Any change or expansion of the current use of the property requires Zoning approval from Lower Providence Township **prior to occupancy of the structure that includes that new use.**

PROPERTY & CURRENT TENANT INFORMATION

Property Address (including Suite/Unit #, if applicable)	City	State	Zip
Name of Complex where business is located, if applicable			

CURRENT Tenants (Business Names) at this Address:	Suite / Unit #	Business License # for this tenant
1.		
2.		
3.		
4.		
5.		
6.		

CERTIFICATE OF OCCUPANCY EXPIRES NINETY (90) DAYS FROM DATE OF ISSUANCE

WHAT'S CHANGING?

		FROM (Current or Former)	TO (New or Proposed)
PROPERTY OWNER	Name:		Name:
	Address:		Address:
City:	City:		
State:	State:		
Zip:	Zip:		
Phone: <i>(Best to reach in emergency)</i>	Phone: <i>(Best to reach in emergency)</i>		
Email:	Email:		
BUSINESS OWNER	Business Name:		Business Name:
	Suite / Unit #:		Suite / Unit #:
	Business License #:		Business License #: <i>(If a number has not already been assigned, complete the "Business License Application" later in this form)</i>
	Owner Name:		Owner Name:
	Owner Address:		Owner Address:
	City:		City:
	State:		State:
Zip:	Zip:		
Phone: <i>(Best to reach in emergency)</i>	Phone: <i>(Best to reach in emergency)</i>		
Email:	Email:		
Will <i>this business</i> be relocating to a different location in LPT?	<div style="display: flex; justify-content: space-around;"> YES NO </div>		

USE	General description:						General description: [Any change of use requires Zoning approval.]														
	<i>Residential</i>						<i>Residential</i>														
	R-1		R-2		R-3		R-4		R-5												
	<i>Non-Residential</i>						<i>Non-Residential</i>														
	A-1		A-2		A-3		A-4		A-5		B										
	E		F-1		F-2		H-1		H-2		H-3										
	H-4		H-5		I-1		I-2		I-3		I-4										
	M		S-1		S-2		U		R-1		R-2										
	R-3		R-4		R-5																
													R-1		R-2		R-3		R-4		R-5

Anticipated Date of Above Change:

PROPERTY FIT-OUT

As prospective new tenant/business owner in Lower Providence Township, you must make application for permit(s) for any changes being made to the physical structure of the facility where the new business will be conducted. Applications* are available on Lower Providence Township’s website or in the LPT Administration Office. Drawings (two sets, signed & sealed by a design professional/engineer) need to be submitted with applications. Inspections for these changes will need to be completed before the final Use & Occupancy inspection can be conducted.

*Building; Mechanical, Electrical; Plumbing, Zoning (for sign changes), etc.

The above information is true to the best of my knowledge. I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that Lower Providence Township may require additional information as permitted by Ordinance 537, and will supply such information upon request. This license will expire on December 31 and will be renewed annually.

Applicant Printed Name:			
Applicant’s relationship to Property Owner:			
Owner	Lessee	Agent	Contractor
Applicant Phone:		Date:	
Applicant Signature:			



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BUSINESS LICENSE APPLICATION

In order to protect the health, safety, and welfare of the local community Lower Providence Township has established a “Business License Fee Ordinance” that established the requirement of application for a Business License and the conduction of annual inspection of all businesses. To advance this objective, it has hereby created a business license fee payable to the Township annually. [Ref: LPT Code, Chapter 95, Sections 95-1 & 95-2]

LICENSE INFORMATION	
<input type="checkbox"/>	Renewal of License # L- _____
<input type="checkbox"/>	Request for new License based on information below

Property Address:

BUSINESS INFORMATION	
Business Name (as federally registered)	Federal ID Number (EIN)
Doing Business As (DBA)	Anticipated “Start Date” for business in this location

Briefly describe the business		
Type of Business Conducted (<i>Indicate general category below</i>):		
Retail	Medical	Nonprofit
Restaurant/Hotel	Government	Service
Wholesale	Commercial	Home Occupation – Service Only
Industrial	Other:	

Number of Employees:	
Days & Hours of Operation	
Sun -	Thu -
Mon -	Fri -
Tue -	Sat -
Wed -	

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Applicant Printed Name:			
Applicant's relationship to Property Owner:			
Owner	Lessee	Agent	Contractor
Applicant Phone:		Date:	
Applicant Signature:			

~~~ FOR TOWNSHIP USE ONLY ~~~				~~~ FOR TOWNSHIP USE ONLY ~~~		
Property is Zoned <i>(District, not Use)</i>	<u>Residential</u>		<u>Commercial</u>		<u>Industrial</u>	<u>Institutional</u>
	R1	R2	GC	HC	LI	
	R3	R4	VC	MU	IP	
	R5	MHP	PBO	RPB	I	
<b>Business Complies with all Zoning Ordinances?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(List Nonconformance in space below)</i>						

_____ Zoning Officer Signature

_____ Date

COPIES		
Applicant	H. A. Berkheimer	Property File



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**BUSINESS LICENSE – REQUEST FOR EXEMPTION**

Please state the basis upon which your business is requesting an exemption from the Business License fee. Please list and attach all supporting documentation to justify your exemption claim.

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Supporting documents attached:

- 1.
- 2.
- 3.

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Applicant Printed Name:			
Applicant's relationship to Property Owner:			
Owner	Lessee	Agent	Contractor
Applicant Phone:		Date:	
Applicant Signature:			

<b>~ ~ ~ FOR TOWNSHIP USE ONLY ~ ~ ~</b>		<b>~ ~ ~ FOR TOWNSHIP USE ONLY ~ ~ ~</b>	
Exemption Granted	Exemption Not Granted		