



Community Development Department  
100 Parklane Drive • Eagleville, PA 19403  
Phone: (610) 635-3512 • Fax: (610) 539-6347  
www.lowerprovidence.org

# BUSINESS PACKET

## *A Guide to Successful Business Start-up in Lower Providence Township*

Frequently, changes relating to business operations require the submission of more than one application with the Township. For convenience, this packet contains the most commonly needed forms.

Use the following descriptions to help you determine which of the pages in this packet you should submit.

- 1) When there is a planned change of Commercial Property Ownership, submission of a completed “*Non-Residential Resale*” application is needed.

*(Found on pg 2 following)*

- 2) When there is a planned change of Tenancy of a Commercial Property, submission of a completed “*Non-Residential Change of Tenancy*” application is needed.

*(Found on pp 3-5 following)*

- 3) Prior to conducting business in Lower Providence Township, submission of a completed “*Business License*” application is needed.

*(Found on pp 6-8 following)*





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**APPLICATION: NON-RESIDENTIAL CHANGE OF TENANTS**

"Use & Occupancy"

In all buildings, each space is classified by "use" or "occupancy" as outlined in Chapter 3 of the 2009 International Building Code.

*When a "Change of Tenancy" involves a change of use/occupancy according to Chapter 34 of the IBC, the existing building will need to be re-evaluated for viability for the planned occupancy before the new owner / tenant moves in.*

*See detailed notes on page 3 of this application.*

**LOCATION** where you wish to conduct your business:

Site Address (including unit/suite, if applicable) - \_\_\_\_\_

Square footage of building/unit/suite:       < 10,000 SF       ≥ 10,000 SF

**BUSINESS NAME:** \_\_\_\_\_

**PLANNED USE:**

*Please mark the category below that most closely resembles the planned use at the Site listed above*

- gathering of persons for purposes such as civic, social or religious functions, recreation, food or drink consumption or awaiting transportation (§ 303 A)
- office, professional or service-type transactions, including storage of records and accounts (§ 304 B) – **Examples:** Banks, Car wash, Barber & Beauty shops, Dry cleaning & laundries – pick-up & self-service, Electronic data processing, Labs for testing & research, Post offices, Professional services (architects, attorneys, dentists, physicians, engineers, etc.)
- six or more persons at any one time for educational purposes through the 12th grade; educational, supervision or *personal care services* for more than five children older than 2<sup>1</sup>/<sub>2</sub> years of age (§ 305 E)
- assembling, disassembling, fabricating, finishing, manufacturing, packaging, repair or processing operations that are not classified as Hazardous or Storage - "No store front" (§ 306 F) – **Examples:** Bakeries, Clothing, Furniture, Optical goods, Plastic products, Printing or publishing, Shoes, Textiles, Upholstering
- display and sale of merchandise and involves stocks of goods, wares or merchandise incidental to such purposes and accessible to the public (§ 309 M) – **Examples:** Department stores, Drug stores, Markets, Motor fuel-dispensing facilities, Retail or wholesale stores, Sales rooms
- storage of items not classified as hazardous occupancy (§ 311 S) – **Examples:** Bags, baskets, Books & paper in rolls or packs, Boots & shoes, Cardboard & boxes, Clothing, Food products, Lumber, Tires (bulk storage), Upholstery & mattresses
- people are cared for or live in a supervised environment; housing for more than 16 persons, on a 24-hour basis in a supervised residential environment that provides *personal care services*; supervision and personal care on less than a 24-hour basis for more than five children 2<sup>1</sup>/<sub>2</sub> years of age or less (§ 307 I)
- other – provide succinct description: \_\_\_\_\_

**ANTICIPATED DATE OF OCCUPANCY:**

**APPLICANT:**

Applicant is:  Property Owner  Tenant/Business Owner  Contractor

Name of Applicant \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # of Applicant \_\_\_\_\_

Email of Applicant \_\_\_\_\_

*Please provide the following **if different from Applicant** ...*

Name of Property Owner \_\_\_\_\_

Mailing Address of Property Owner \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # of Property Owner \_\_\_\_\_

Email of Property Owner \_\_\_\_\_

**CHANGES:**

**Sanitary Sewer:**

***Lower Providence Township Sewer Authority is a separate entity from Lower Providence Township.***

**With every change of tenant  
contact needs made with the Sewer Authority  
to discuss your plans and to determine your commercial sanitary sewer needs  
and EDU (*equivalent dwelling unit*) allocations needed.**

**Please contact Alan Rubendall via email ([arubendall@lptsa.org](mailto:arubendall@lptsa.org))  
or via phone (610.539.6161) weekdays between the hours of 8:30 AM - 4:30 PM.**

**Other:**

*Other than cosmetic changes such as those to wall-covering and/or floor-covering,  
are there any planned physical changes to the facility in preparation for a new tenant's occupancy?*

- NO
- YES - *If so, application will need to be made for these changes & permits issued prior to work beginning on these changes & prior to tenant occupying the facility*

**RE-EVALUATION PROCESS OF EXISTING BUILDING**  
**FOR VIABILITY OF CHANGE OF OCCUPANCY**

The following is a general outline of that evaluation process, excerpted from Chapter 34 of the International Building Code. The three basic components of a change of occupancy evaluation are: 1) Structural Adequacy; 2) Life-safety; and 3) ADA Accessibility Compliance.

**Structural Adequacy (§3408.4)**

The owner or applicant must have a structural analysis of the existing building made to determine the adequacy of structural systems for proposed change of occupancy. The existing building shall be capable of supporting the minimum load requirements specified in this section of the IBC.

**Life-Safety (§3412)**

An architect or other qualified professional must provide an evaluation of the general safety, mean(s) of egress and life safety elements in the building and determine any upgrades that are required. The code is quite flexible as to the exact upgrades and so the designer normally works with the owner to determine the best changes for the business or building owner.

**ADA Accessibility Compliance (§3411) for a change of occupancy\***

Existing buildings, or portions thereof, that undergo a change of group or occupancy must have all of the following accessible features:

1. At least one (1) accessible building entrance (ramp, door width, etc.)
2. At least one (1) accessible route from an accessible building entrance to primary function areas (For example, in an office space, all offices must be accessible)
3. Signage complying with §1110 (Parking signs, exits, directional signs, etc.)
4. Accessible parking, where parking is provided
5. At least one (1) accessible passenger loading zone, when loading zones are provided
6. At least one (1) accessible route connecting accessible parking and accessible passenger loading zones to an accessible entrance

*\* Please note these features are required for any change of use ... even if no structural or other change is being planned for the space.*



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## APPLICATION: **BUSINESS LICENSE**

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]

Rev: 01/22/2018

Page 6 of 9

### ADDRESS INFORMATION

Address where you plan to conduct business:  
*(including Unit# / Suite, if applicable)*

### BUSINESS INFORMATION

Business Name (as federally registered Business Name)

Federal ID Number (EIN)

Doing Business As (DBA) – if doing business under a *different Business Name* from federally registered name

Briefly describe the business

Number of Employees:

Days & Hours of Operation:

Sun -	Thu -
Mon -	Fri -
Tue -	Sat -
Wed -	

### FEE & MAILING INFORMATION

**An annual Business License fee will be assessed for all Businesses ...**

- 1) which are assigned a Business License #, and**
- 2) which are not designated as Exempt / Non-Profit.**

To be recognized as Exempt / Non-Profit, businesses should submit a completed "*Business License - Request for Exemption*" form with supporting documentation. Form follows in this packet as well as being available at the Administration Office of Lower Providence Township & on our website.

#### INVOICE MAILING INFORMATION

Send annual reminder & invoice to Business Address listed above

Send annual reminder & invoice to Alternate Address below:

Contact Name:

Address *(including suite if applicable)*:

Address 2:

City:

State / Zip:

## SIGNATURE SECTION

The preceding 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 need renewed annually.

Applicant is:                       Property Owner                       Tenant/Business Owner                       Contractor

Name of Applicant \_\_\_\_\_  
 Mailing Address of Applicant \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone # of Applicant \_\_\_\_\_  
 Email of Applicant \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_

### **ZONING REVIEW:**

~~~ FOR TOWNSHIP USE ONLY ~~~		~~~ FOR TOWNSHIP USE ONLY ~~~			
<b>Property is Zoned</b> <i>(District, not Use)</i>	<b><u>Residential</u></b>	<b><u>Commercial</u></b>	<b><u>Industrial</u></b>	<b><u>Institutional</u></b>	
	R1 R3 R5	R2 R4 MHP	GC    HC VC    MU PBO	RPB RPW	LI IP 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

### **BCO REVIEW:**

### **OCCUPANCY CATEGORY: \_\_\_\_\_**

- No change in UCC use
- Change in UCC use
- No changes planned to facility
- Changes planned to facility
  
- BCO signature: \_\_\_\_\_



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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.

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.

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

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



# LOWER PROVIDENCE TOWNSHIP



100 Parklane Drive • Eagleville, PA 19403 • [www.lowerprovidence.org](http://www.lowerprovidence.org)

Administration: 610 539-8020 • Fax: 610 539-6347

Police: 610-539-5900 • Fax: 610-630-2219

## BUSINESS EMERGENCY CONTACTS

Please notify us immediately if/when any of the following information changes

PROPERTY ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

### OCCUPANT INFORMATION

Business License Name: _____	
Doing Business As (DBA): _____	Phone Number: _____
Suite Number: _____	Fax Number: _____
Email: _____	
Security Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Company Name & Phone Number: _____
Fire Alarm: <input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Company Name & Phone Number: _____
Fire Alarm Reset Code: _____	

### BUSINESS OWNER INFORMATION

Business Owner Name: _____	Phone Number: _____
Mailing Address: _____	Cell Number: _____
City, State, Zip Code: _____	
Email Address: _____	

### BUSINESS BILLING/CORRESPONDENCE INFORMATION (Complete if different from above)

Billing Name: _____	Phone Number: _____
Mailing Address: _____	Fax Number: _____
City, State, Zip Code: _____	
Email Address: _____	

### EMERGENCY CONTACT INFORMATION

INDIVIDUALS WHO CAN GIVE EMERGENCY PERSONNEL ACCESS TO THE FACILITY

Additional emergency contacts may be listed on the reverse side, if desired.

1. Name: _____	Home Phone Number: _____
Address: _____	Work Phone Number: _____
City, State, Zip: _____	Cell Phone Number: _____
Email Address: _____	Key: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relation to Business: _____	
2. Name: _____	Home Phone Number: _____
Address: _____	Work Phone Number: _____
City, State, Zip: _____	Cell Phone Number: _____
Email Address: _____	Key: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relation to Business: _____	
3. Name: _____	Home Phone Number: _____
Address: _____	Work Phone Number: _____
City, State, Zip: _____	Cell Phone Number: _____
Email Address: _____	Key: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relation to Business: _____	

Please fill this form out and mail or email to:

Lower Providence Township C/O Fire Marshal 100 Parklane Drive Eagleville, PA 19403

Email Address: [FireMarshal@lowerprovidence.org](mailto:FireMarshal@lowerprovidence.org)