



WARWICK TOWNSHIP

Dept. of Planning & Zoning

1733 Township Greene, Jamison, PA 18929

Phone: (215) 343-6100

www.warwick-bucks.org

For Warwick Township Use Only

Received by: _____

Zoning: _____

Building Inspector: _____

APPLICATION FOR COMMERCIAL USE & OCCUPANCY CERTIFICATE

Date: _____ Zoning District: _____ TMP#: _____

Proposed Business Use: _____

Name of Company/Business/etc.: _____

Address of Property: _____ Unit Number: _____

Current Type of Use: _____

Water: Private Well Warwick Township Water & Sewer Authority
Sewage Disposal: On-lot Warwick Township Water & Sewer Authority Warminster Municipal Authority

Name of Applicant: _____
Address: _____
Email Address: _____ Phone Number: _____

Emergency Contact Person (after occupancy): _____
Address of Emergency Contact: _____
Email Address: _____ Cell Number: _____

Description of Business _____

Square Footage of Unit _____ Business Hours: _____

Number of Employees: _____ Number of Employees on Largest Shift: _____

Number of dedicated Parking Spots: _____

Will you be having late night deliveries? YES NO Will you be having any outdoor storage? YES NO

Name of Company responsible for installation/maintenance of fire suppression system (if applicable):

Name Address Phone

Name, phone number, & email address of inspection and property access contact:

Name Address Phone

Applicants are due a minimum of 30 days prior to settlement/occupancy; the above must contact Warwick Township to schedule an inspection. Most inspections will be scheduled three (3) weeks prior to issuance. Please plan accordingly.

Anticipated Settlement and/or Occupancy Date: _____

Signature: _____ Date: _____

Use and/or Occupancy of a property without a valid Use & Occupancy Certificate issued by The Township of Warwick constitutes a violation of Township Ordinance No. 97-05, as last amended, and may result in the Township pursuing the legal remedies as set forth in said Ordinance

TOWNSHIP OF WARWICK
1733 Township Greene, Jamison, PA. 18929-1621

FIRE / EMERGENCY INFORMATION FORM

Date: _____

Facility Information:

Name of Facility: _____, Business Phone: _____

Address: _____, City: _____ Zip: _____

Zoning District: _____, Tax Map Parcel N^o: _____

Type of Facility: _____

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

Owner/Tenant: _____, Personal Phone N^o: _____

Alarm Company: _____, Phone N^o: _____

Address: _____, City: _____ State: _____

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: Day: _____, Night: _____

Average Number of Employees/Occupants for each shift: Day: _____, Night: _____

Emergency Contact Information:

1. Name: _____, Phone N^o: _____

2. Name: _____, Phone N^o: _____

Building Information:

Square feet of building footprint: _____, Number of floors: _____

Square feet of unit (if multi-tenant building): _____, Total square feet of building: _____

Does building have an occupy basement level: _____, If so, what is square footage: _____

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

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

Floor Type (Concrete, Wood Truss, etc.): _____

Roof Openings (Vents, Skylights, etc.): _____

Special Considerations or Comments: _____

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

- | | |
|--|---|
| N ^o 1 Gas Shut Off | N ^o 7 Hazardous Materials Storage |
| N ^o 2 Main Electrical Shut Off | N ^o 8 Materials Safety Date Sheets |
| N ^o 3 Water Shut Off | N ^o 9 Propane Storage |
| N ^o 4 Alarm Panel Box | N ^o 10 Knox Box |
| N ^o 5 Fire Dept. Connection to Sprinkler System | N ^o 11 |
| N ^o 6 Standpipe Connection (Multi-Story Bldg.) | N ^o 12 |