

**TOWNSHIP OF UPPER PROVIDENCE
TEMPORARY OCCUPANCY NOTIFICATION FORM**

DATE _____

PROPERTY LOCATION _____

UNIT # (if applicable) _____

TEMPORARY OCCUPANT

NAME _____

—

ADDRESS _____

CONTACT PERSON _____

PHONE # _____

DESCRIPTION OF BUSINESS _____

OF EMPLOYEES (at this site) _____ SQ. FT. OF OCCUPIED SPACE _____

DATE OF TEMPORARY OCCUPANCY _____

There is a fee of \$50.00 for all Temporary Occupancy Notifications.

This fee must be paid before an inspection will be scheduled.

An inspection must be scheduled prior to the event.

To schedule an inspection please call 484-391-2364.

ZONING OFFICER: Initials: _____ Date: _____

FIRE MARSHAL: Initials: _____ Date: _____
