



**TOWNSHIP OF UPPER PROVIDENCE
DEPARTMENT OF FIRE AND EMERGENCY SERVICES**

1286 BLACK ROCK ROAD

P.O. BOX 406

OAKS, PA 19456

www.uprov-montco.org

PHONE: 610-933-9179

FAX: 484-391-2380

COMMERCIAL PROPERTY CHANGE OF OCCUPANCY APPLICATION

(Existing structures- temporary and permanent)

Date of Application: _____

APPLICATION FEE \$80.00

1) BUILDING INFORMATION

Street Address of Building (including suite #): _____

Does the building currently have an operational Fire Sprinkler System? _____

Does the building currently have an operational Fire Alarm System? _____

Does the building currently have a Fire Department key box? _____

2) CURRENT BUSINESS/OCCUPANT INFORMATION

Business/Occupant Name: _____

Contact Name: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

3) PROPOSED BUSINESS/OCCUPANT INFORMATION

Business/Occupant Name: _____

Contact Name: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

Proposed use Description: _____

Primary Emergency Contact Name: _____ Telephone: _____

Secondary Emergency Contact Name: _____ Telephone: _____

Number of occupants/employees proposed: _____

Gross square footage of building: _____

Interior/exterior construction changes proposed: *Yes No

Will the occupancy have storage above 12 feet: *Yes No

Changes in signage proposed: *Yes No

****Additional reviews and approvals may be required for alterations***

Please describe any proposed changes to the interior/exterior as well as signage:

I, the undersigned, do hereby acknowledge that I am aware of the Township of Upper Providence Code relating to property maintenance, fire safety and signage.

I understand that if I, or my tenant violate any part of the Township Code, I may be subject to prosecution by the Township of Upper Providence including possible fines and court costs associated with any violations.

I further acknowledge that an inspection by the Fire Marshal's Office will need to be conducted. Information identified in this application will be used during the inspection to identify compliance with the Township of Upper Providence Code.

This form MUST be completed in its entirety; failure to complete will result in denial

Applicant Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

(Required)

Official Use Only

Zoning Officer Approval	Fire Code Official	Payment Received
Date: _____	Date: _____	Date: _____
Initials: _____	Initials: _____	Initials: _____