



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

1286 BLACK ROCK ROAD  
PHOENIXVILLE, PA 19460  
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**

<b>Zoning Officer Approval</b>	<b>Fire Code Official</b>	<b>Payment Received</b>
Date: _____	Date: _____	Date: _____
Initials: _____	Initials: _____	Initials: _____