



# WARWICK TOWNSHIP

Dept. of Planning & Zoning  
1733 Township Greene, Jamison, PA 18929  
Phone: (215) 343-6100  
[www.warwick-bucks.org](http://www.warwick-bucks.org)

### For Warwick Township Use Only

Received by: \_\_\_\_\_  Floor & Site Plan

Check #: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_

Building Inspector: \_\_\_\_\_

## APPLICATION FOR COMMERCIAL RESALE USE & OCCUPANCY CERTIFICATE

Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_ TMP#: 51- \_\_\_\_\_ Lot #: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Water:  Private Well  Warwick Township Water & Sewer Authority  Warminster Municipal Authority

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

Name of Current Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of New Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Person (after occupancy): \_\_\_\_\_

Address of Emergency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Proposed Business/Company: \_\_\_\_\_

Description of Proposed Business: \_\_\_\_\_

Former Business: \_\_\_\_\_

Square Footage of Unit: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Number of Total Employees: \_\_\_\_\_ Number of Employees on Largest Shift: \_\_\_\_\_

Number of Dedicated Parking Spots: \_\_\_\_\_ How many company vehicles will be parked on the premises? \_\_\_\_\_

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

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

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**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. This application will expire in 180 days from the date submitted. No refund will be given to the applicant.**

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. 11-09, as last amended, and may result in the Township pursuing the legal remedies as set forth in said Ordinance.

## FIRE / EMERGENCY INFORMATION FORM

### **Facility Information:**

Detailed summary of the operations which will occur within the premises (example: if storage, what is being stored and how is it being stored) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alarm Company: \_\_\_\_\_, Phone N° : \_\_\_\_\_

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: \_\_\_\_\_

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

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<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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Standard Hours of Facility Operation: Day: \_\_\_\_\_, Night: \_\_\_\_\_

Average Number of Employees/Occupants for each shift: Day: \_\_\_\_\_ Night: \_\_\_\_\_

### **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: \_\_\_\_\_

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Please provide a legible **building layout** (including 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. 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 inspector will be in contact with you. Thank you, in advance for your efforts.

N° 1 Gas Shut Off

N° 2 Main Electrical Shut Off

N° 3 Water Shut Off

N° 4 Alarm Panel Box

N° 5 Fire Dept. Connection to Sprinkler System

N° 6 Standpipe Connection (Multi-Story Bldg.)

N° 7 Hazardous Materials Storage

N° 8 Materials Safety Data Sheets

N° 9 Propane Storage

N° 10 Knox Box

N° 11 Exit signs, doors, lighting

N° 12 Other: \_\_\_\_\_

### **Application for Non-Residential Use and Occupancy Certificate**

The following items shall be submitted, in writing, to Warwick Township for review prior to the issuance of any non-residential use and occupancy certificate.

1. A site plan showing completed improvements inclusive of parking and signage.
2. A detailed interior floor plan for the proposed use including, but not limited to, all life safety devices/mechanisms and egress(s) including widths. Signed and sealed plans prepared by a design professional shall be required when there is a change in building use classification or alterations requiring a building permit.
3. Detailed description of proposed Use and Operations by occupant.
4. Detailed description of expected impact on the following standards as set forth in the Warwick Township Zoning Ordinance: (smoke, dust and dirt, fly ash and gasses, noise, odors, fumes and gasses; radioactivity or electrical disturbance; glare and heat; outdoor storage and waste disposal; electric, diesel, gas or other power; industrial waste or sewage).
5. Detailed information regarding shifts and staffing of proposed occupant.
6. Completed Fire/Emergency Information Form.

#### **Additional approvals required, if applicable or requested by Code Enforcement Department.**

1. Water quality test.
2. Inspection and Approval letter from the Bucks County Health Department regarding the inspection of on-site disposal system.
3. Specifics regarding water usage and wastewater generated by the proposed operations of the proposed occupant.
4. Inspection and Approval letter from the Bucks County Health Department
5. Inspection and Approval letter from the Pennsylvania Board of Health.
6. Inspection and Approval letters from any Local, State or Federal agencies which oversee the installation of x-ray equipment or any other radiation producing equipment or material.
7. Medical waste disposal plan.