For Warwick Township Use Only
Received by: _____

Check #: _____
Check Amount: _____

Zoning Officer: _____

Building Inspector: _____

WARWICK TOWNSHIP

Dept. of Planning & Zoning

1733 Township Greene, Jamison, PA 18929

Phone: (215) 343-6100

www.warwick-bucks.org

APPLICATION FOR COMMERCIAL RENTAL 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 New Tenant*:** _____

Address: _____

Email Address: _____ **Phone Number:** _____

***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.

Revised Nov. 2014

FIRE / EMERGENCY INFORMATION FORM

Facility Information:

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

_____

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: _____

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

_____

Name ***Address*** ***Phone Number***

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: _____
_____

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

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. Inspection and Approval letter from the Warwick Township Fire Marshal.
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.