



Upper Dublin Township
 370 Commerce Dr
 Fort Washington, PA 19034
 Phone: 215-643-1600
 www.upperdublin.net

Certificate of Use & Occupancy Permit Application

COMMERCIAL

PLEASE PRINT OR TYPE ALL INFORMATION - INCOMPLETE INFORMATION WILL DELAY PERMIT APPROVAL

BUILDING PERMIT #		APPLICATION DATE:	
PROPERTY LOCATION			
Address:			Suite:
Subdivision:	Parcel #54-00-	Zoning:	
PROPERTY OWNER - Applicant			
Owner/Company:			Contact:
Street Address:			
City:		State:	Zip:
Phone:	Cell:	Email:	
BUILDING MANAGEMENT COMPANY - Applicant			
Owner/Company:			Contact:
Street Address:			
City:		State:	Zip:
Phone:	Cell:	Email:	
LESSEE / TENANT - Applicant			
Owner/Company:			Contact:
Street Address:			
City:		State:	Zip:
Phone:	Cell:	Email:	
CONTRACTOR - Applicant			
Owner/Company:			Contact:
Street Address:			
City:		State:	Zip:
Phone:	Cell:	Email:	
BUSINESS INFORMATION			
Name of Applicant:			
Nature of Business/Services Provided (detailed):			
IBC Construction Type:		Automatic Sprinklers:	Yes No
U&O Type(s):			
IBC Version (example: 2015 IBC):			
Permit Fee: \$101 € to be submitted at time of application			
OFFICE USE ONLY:			
Zoning Officer:	Date:	Fire Marshal:	Date:
Building Inspector:			Date:



Upper Dublin Township Police Department

520 Virginia Drive
Fort Washington, Pennsylvania 19034-1697
Voice: 215-646-2101 Fax: 215-628-8976
www.UpperDublin.net



Commercial Establishment Emergency Contact Information Form

Instructions:

The Upper Dublin Township Police Department is in the process of updating the Department's database for all commercial properties within Upper Dublin Township. In order to accomplish this task, we are in need of your assistance with this matter.

1. Please complete **ALL** required information as soon as possible.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from other stores. Please provide the "**Specific Address**", in the section that is titled as: Commercial Establishment – Address section.
4. The shopping center name is not necessary.
5. If your business is in an office building, you should have a street address and specific suite number to differentiate it from other businesses. Please provide the "**Street Address and Specific Suite Number**", in the section that is titled as: Commercial Establishment – Address section.
6. If your business does not have an alarm system, please write "**No Alarm**" in the Alarm Company Information section.



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Commercial Establishment Emergency Contact Information

<u>Commercial Establishment Contact Information</u>			
Name of Establishment:			
Type of Establishment:	Retail <input type="checkbox"/>	Educational <input type="checkbox"/>	Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>
Street Number / Name:			
Suite / Tenant Number:			
Town / Zip Code:			
Phone #:		Fax #:	
Email:			

<u>Emergency Contact Information (Primary)</u>			
Name of Emergency Contact:			
Street Number / Name:			
Town / Zip Code:			
Phone # (Primary):		Phone # (Alternate):	

<u>Emergency Contact Information (Alternate)</u>			
Name of Emergency Contact:			
Street Number / Name:			
Town / Zip Code:			
Phone # (Primary):		Phone # (Alternate):	

<u>Alarm Company Information (If Applicable)</u>			

Name of Company:		Phone #:	
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<u>Property Management Information (If Applicable)</u>			

Name of Company:		Phone #:	
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