



**Upper Dublin Township**  
 801 Loch Alsh Avenue  
 Fort Washington, PA 19034  
 Phone: 215-643-1600  
 Fax: 215-643-8843  
 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:     |             |
| <b>PROPERTY LOCATION</b>                                 |                |                       |             |
| Address:   |                |                       | Suite:      |
| Subdivision:   | Parcel #54-00- | Zoning:               |             |
| <b>PROPERTY OWNER - Applicant</b>                        |                |                       |             |
| Owner/Company:   |                |                       | Contact:    |
| Street Address:  |                |                       |             |
| City:  |                | State:                | Zip:        |
| Phone:   | Cell:          | Email:                |             |
| <b>BUILDING MANAGEMENT COMPANY - Applicant</b>           |                |                       |             |
| Owner/Company:   |                |                       | Contact:    |
| Street Address:  |                |                       |             |
| City:  |                | State:                | Zip:        |
| Phone:   | Cell:          | Email:                |             |
| <b>LESSEE / TENANT - Applicant</b>                       |                |                       |             |
| Owner/Company:   |                |                       | Contact:    |
| Street Address:  |                |                       |             |
| City:  |                | State:                | Zip:        |
| Phone:   | Cell:          | Email:                |             |
| <b>CONTRACTOR - Applicant</b>                            |                |                       |             |
| Owner/Company:   |                |                       | Contact:    |
| Street Address:  |                |                       |             |
| City:  |                | State:                | Zip:        |
| Phone:   | Cell:          | Email:                |             |
| <b>BUSINESS INFORMATION</b>                              |                |                       |             |
| Name of Business:  |                |                       |             |
| Nature of Business/Services Provided (detailed):         |                |                       |             |
| IBC Construction Type:                                   |                | Automatic Sprinklers: | Yes      No |
| U&O Type(s):   |                |                       |             |
| IBC Version (example: 2015 IBC):                         |                |                       |             |
| Permit Fee: \$100 to be submitted at time of application |                |                       |             |
| <b>OFFICE USE ONLY:</b>                                  |                |                       |             |
| Zoning Officer:  | Date:          | Fire Marshal:         | Date:       |
| Building Inspector:                                      |                |                       | Date:       |



# Upper Dublin Township Police Department

801 Loch Alsh Avenue  
Fort Washington, Pennsylvania 19034-1697  
Voice: 215-646-2101 Fax: 215-628-8976  
www.UpperDublin.net



*Ralph (Lee) W. Benson, III*  
*Chief of Police*

## Commercial Establishment Emergency Contact Information

### Commercial Establishment Contact Information

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

### Emergency Contact Information (Primary)

|                                   |  |                             |  |
|-----------------------------------|--|-----------------------------|--|
| <b>Name of Emergency Contact:</b> |  |                             |  |
| <b>Street Number / Name:</b>      |  |                             |  |
| <b>Town / Zip Code:</b>           |  |                             |  |
| <b>Phone # (Primary):</b>         |  | <b>Phone # (Alternate):</b> |  |

### Emergency Contact Information (Alternate)

|                                   |  |                             |  |
|-----------------------------------|--|-----------------------------|--|
| <b>Name of Emergency Contact:</b> |  |                             |  |
| <b>Street Number / Name:</b>      |  |                             |  |
| <b>Town / Zip Code:</b>           |  |                             |  |
| <b>Phone # (Primary):</b>         |  | <b>Phone # (Alternate):</b> |  |

### Alarm Company Information (If Applicable)

|                         |  |                 |  |
|-------------------------|--|-----------------|--|
| <b>Name of Company:</b> |  | <b>Phone #:</b> |  |
|-------------------------|--|-----------------|--|

### Property Management Information (If Applicable)

|                         |  |                 |  |
|-------------------------|--|-----------------|--|
| <b>Name of Company:</b> |  | <b>Phone #:</b> |  |
|-------------------------|--|-----------------|--|

**Community Oriented Policing**