

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892 FAX (610) 395-9355

(This form shall be used to secure a new Certificate of Business Occupancy & Use. This Use Review Application covers both Zoning and Uniform Construction Code (UCC) review. A life/safety inspection is part of the approval process and must be scheduled and approved prior to occupancy.)

Zoning/UCC - Use Review & Business Occupancy Application

Date: _____ Permit # _____

Name of Proposed Business: _____

Tenant/Lessee Name: _____

Address of Property: _____

Contact Person: _____ Phone Number: _____

Property Owner: _____

Owner Address: _____

Person Responsible for Facility: _____

Work Telephone: _____ Mobile Telephone: _____

New Occupant: Yes _____ No _____ Change in Use: Yes _____ No _____

Total Size of Building: _____ Sq. Ft. Total Space to be Occupied: _____ Sq. Ft.

Use Classification (Ch. 3 IBC): _____ Intended Date of Occupancy: _____

Days & Hours of Operation: _____

Description of Proposed Use, Product and/or Stored Materials: _____

Describe any changes (knee-walls, racking, MEP's) that will be made to the structure, either inside or outside:

Number of: Employees Per Shift 1st _____ Managers Per Shift 1st _____

Trucks: Per Day In ^{2nd} _____ ^{3rd} _____ Out _____ Parked Overnight: ^{2nd} _____ ^{3rd} _____

Number of Parking Spaces On-Site: _____ Number of Loading Spaces Provided: _____

Number Dedicated to this Tenant: _____ Number Dedicated to this Tenant: _____

Does the Use involve handling or manufacturing of materials requiring special consideration? Yes _____ No _____
(Please include Material Safety Data Sheets for each material or substance)

Former Occupant of Property/Building: _____

Former Use of Property/Building: _____

Size of Space Formerly Occupied: _____ Sq. Ft. Date Former Use Terminated: _____

Days & Hours of Former Operation: _____

(The undersigned does hereby certify that the above information is true and correct and that the operation of this Use shall be in conformance with the requirements of the Zoning Ordinance, Act 45 of 1999 and all other Codes of Upper Macungie Township (UMT). The Owner, tenant/lessee further acknowledges that providing false or incomplete information or violating any of the requirements of the Zoning Ordinance and/or applicable Building, Plumbing, Electrical, Mechanical, Fire, Handicap Accessibility and other Codes of UMT can result in the revocation of any approval and/or the commencement of enforcement action to abate such violation. This approval is not a Certificate of Occupancy or Letter of Completion to occupy the building, structure or land. A separate Certificate of Occupancy and Use will be issued upon satisfying all requirements of UMT Codes.)
Both Owner and Tenant/Lessee are required to sign application prior to submission.

Signature of Owner: _____ Signature of Applicant: _____

Printed Name: _____ Printed Name: _____

(Note: The Zoning and/or Building Code Official may require a "Letter of Intent" which describes more details of the operations of your business. The Zoning Officer will make a determination, from the information provided, as to whether or not the proposed Use and related activity meet the requirements of the UMT Zoning Ordinance & the Building Code Official will make a determination, from the information provided, as to whether or not the proposal constitutes a Change in Use and whether or not a separate building permit will be required under Act 45 of 1999 (the PA Uniform Construction Code). This Use Review & Business Occupancy Application will result in a Fire/Safety Inspection. Once approved, a Certificate of Use & Business Occupancy will be issued. Any changes made to the layout, electrical, mechanical, plumbing or accessibility of this property, without securing the required permits, may result in the revocation of the Certificate of Occupancy.)

(Office Use Only)

Use Permitted By: _____ Zoning District: _____

Date: _____ Approved _____ Denied _____ _____
(If denied – See attached letter) Zoning Officer

UCC Building Permit Required _____ Not Required _____ Date: _____
Approved _____ Denied _____
(If denied – See attached letter)

Building Code Official Bureau of Fire Review: _____
Life/Safety Inspection Date: _____
Use & Occupancy Issued: _____

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EMERGENCY CONTACT INFORMATION

(Please Print Legibly) Date: _____

Company Name: _____

Property Address: _____

Mailing Address: _____

Office Telephone: (_____) _____ Fax: (_____) _____

Business Type: _____

Owner(s): _____

(Home Phone) (Cell Phone) (Other)

1st Contact: _____ Title: _____

(Home Phone) (Cell Phone) (Other)

2nd Contact: _____ Title: _____

(Home Phone) (Cell Phone) (Other)

3rd Contact: _____ Title: _____

(Home Phone) (Cell Phone) (Other)

If this information changes, please email, fax or mail the new information to:

Mr. Peter Christ, Fire Inspector
pchrist@uppermac.org
Fax: 610-395-9355

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031