



**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. Total Space to be Occupied: \_\_\_\_\_ Sq. Ft.

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 1<sup>st</sup> \_\_\_\_\_ Managers Per Shift 1<sup>st</sup> \_\_\_\_\_

Trucks: \_\_\_\_\_ Per Day: \_\_\_\_\_ In \_\_\_\_\_<sup>2nd</sup> \_\_\_\_\_<sup>3rd</sup> \_\_\_\_\_ Out \_\_\_\_\_<sup>2nd</sup> \_\_\_\_\_<sup>3rd</sup> \_\_\_\_\_ Parked Overnight: \_\_\_\_\_

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.)

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(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**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Type: \_\_\_\_\_

Owner(s): \_\_\_\_\_

\_\_\_\_\_  
(Home Phone)                      (Cell Phone)                      (Other)

1<sup>st</sup> Contact: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
(Home Phone)                      (Cell Phone)                      (Other)

2<sup>nd</sup> Contact: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
(Home Phone)                      (Cell Phone)                      (Other)

3<sup>rd</sup> Contact: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
(Home Phone)                      (Cell Phone)                      (Other)

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

Peter Christ  
Bureau of Fire  
[pchrist@uppermac.org](mailto:pchrist@uppermac.org)  
Fax: 610-395-9355

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Township  
8330 Schantz Road  
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