



TOWNSHIP OF LOWER MORELAND
640 RED LION ROAD, HUNTINGDON VALLEY, PA 19006
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www.Lowermoreland.org

NON RESIDENTIAL OCCUPANCY CERTIFICATE AND INSPECTION APPLICATION

The purpose of this application is to allow the issuance of a Use and Occupancy Certificate for a change of occupancy of nonresidential buildings, structures and facilities where a building permit is not required. This application and accompanying fee shall provide the applicant to receive a Zoning review and Fire inspection. **A BUILDING, STRUCTURE OR FACILITY MAY NOT BE USED OR OCCUPIED WITHOUT FIRST RECEIVING A USE AND OCCUPANCY CERTIFICATE.**

A floor plan sketch of room spaces including their uses, sizes, locations and openings shall be provided with this application.

Business Name _____ Phone # _____
 Email _____ Parcel # _____
 Business site Address _____ Unit _____
 Business Mailing Address _____ Unit _____
 Contact Person _____ Phone # _____
 Property Owner _____ Phone # _____
 Property Owner's Address _____
 Sq. Footage (total Bldg./Tenant) _____/_____ Number of Floors (Bldg./Tenant) _____/_____
 Building is: Single Tenant _____ or Multi-tenant _____
 Parking: Number of Standard Spaces _____ Number of Accessible Parking Spaces _____
 Number of Employees: Full-Time _____ Part-Time _____

Existing Fire Sprinkler System provided? **Y/N** Does it provide protection for all areas? **Y/N**
****Proof of annual inspection (tagged at riser) will be required at the Fire Inspection****
****Certification from a fire-protection professional may be required for the new use product(s) storage****

Existing fire alarm/detection system provided? **Y/N** Does it provide protection for all areas? **Y/N**
****Proof of annual certification will be required at the Fire Inspection****

Any specialized fire protection system provided? **Y/N** What does this system protect? _____
****Proof of applicable NFPA certification will be required at the Fire Inspection****

Has a Knox Box been installed? **Y/N** Where is Knox Box located? _____
****All non-residential occupancies are required to maintain a Knox Box system****

Date of Intended Occupancy: _____

SEE REVERSE SIDE

