

Falls Township

450 Lincoln Highway, Fairless Hills, PA 19030



Letter of Intent Requirements

PROPOSED BUSINESS NAME: _____

PROPOSED BUSINESS ADDRESS: _____

TMP # _____

ZONED: _____

CONTACT INFORMATION (Other than the business address):

Signature : _____

Print Name: _____

Address: _____

City, State and Zip: _____

Phone: _____

Email: _____

ADDRESS LETTER TO: *Township Manager
Falls Township
450 Lincoln Highway
Fairless Hills, PA 19030*

IN LETTER FORM, PROVIDE THE FOLLOWING:

1. Name of business and property address
2. Previous use and proposed use of the property
3. The basics of the proposed business (be as explicit as possible)
4. Days of the week and hours of operation
5. Number of employees
6. Number of years you have been in business
7. A description of any materials and quantities of materials stored at the business
8. Number of vehicles stored overnight at the business
9. Any intended construction changes

Additional Items that must be included with the Letter of Intent:

- _____ **Site plan** indicating the location(s) of **accessible parking spaces** and the **accessible route to the entrance of the building**

- _____ **Floor plan** indicating the total square footage you intend to utilize for the business and the **square footage of each space within the building** (e.g., office, storage room, bathroom, warehouse, etc.)

- _____ **Leasing** –approval letter from the landlord or owner

- _____ **Water and Sewer** – provide approval letter from servicing authority (ask landlord who services their building)

Additional Information Required From:

Manufacturing and storage facilities -- must submit a list of all combustible, flammable, hazardous materials, and their quantities which will be stored and/or used during processing.

Home Occupation/no impact home based business –submit amount of traffic coming and going from the business and location of available parking space(s)

Precious Metals dealers – submit a copy of their Pennsylvania State and Falls Township dealer’s licenses

Day Care Facilities – submit information indicating the number of children, ages of the children, and the relationship of the children (if any are related).

If the property and/or structure of the proposed business is located in a Special Flood Hazard Area (Zone A, AO, A1-A30, AE, A99, or AH), you must comply with Chapter 131 of the Falls Township Code.

TOWNSHIP OF FALLS
188 Lincoln Highway
Suite 100
Fairless Hills, Pa 19030
(215) 949-9000

FALLS TOWNSHIP BOARD OF SUPERVISORS

Application for Certificate of Occupancy/Use

Application is hereby made to:

- OCCUPY A PREVIOUSLY OCCUPIED DWELLING UNIT
- OCCUPY A COMMERCIAL OR INDUSTRIAL UNIT
- CHANGE OR EXTEND THE USE OF A NON-CONFORMING USE
- OCCUPY/USE VACANT LAND
- CHANGE THE USE OF LAND TO A DIFFERENT TYPE OF USE
- START OR CHANGE A HOME OCCUPATION OR HOME DAYCARE
- CHANGE THE USE OF AN EXISTING STRUCTURE TO A DIFFERENT TYPE OF USE

Fee Schedule:

Apartments	- \$50.00
Manufactured Homes	- \$100.00
INCLUDES ELECTRIC	
Residential U&O	- \$100.00
INCLUDES ELECTRIC	
Non-Residential	- \$100.00
Non-Residential	- Based on
(Electric & Fire)	square ft

ADDRESS (Location) _____ Tax Parcel No. _____

DATE YOU DESIRE TO OCCUPY THESE PREMISES _____

CERTIFICATE IF FOR _____ PERMANENT BASIS, OR _____ TEMPORARY BASIS.

IF TEMPORARY, LENGTH OF TIME WILL BE _____

REMARKS: (Provide details on present and proposed use)

APPROVALS: Zoning Approval is For Use Only

Zoning: _____ Yes _____ No _____ Zoning Officer

IF APPLICABLE: BLDG PERMIT NO. _____ ZONING DISTRICT _____

Application is hereby made for permission to occupy/use the premises above described for the purpose stated. If such use complies with the provisions of all laws and ordinances and certificate of occupancy is issued it is understood by the applicant that the same certificate will authorize only the use stated in this application and that such use not legally be extended or changed without authorization by a new Certificate of Occupancy.

SELLER/LANDLORD NAME _____
Signature _____ (Please Print) _____

BUYERS/TENANT NAME _____
Signature _____ (Please Print) _____

DATE OF SUBMISSION _____ **CONTACT NAME** _____
ADDRESS _____
PHONE NUMBER _____

Certificate of Occupancy is hereby issued for the above said premises and use. Said use as conducted shall conform in all particulars to the requirements of the law and all ordinances of the Township of Falls

DATE _____ SIGN _____
Code Enforcement Officer

RECEIPT NO. _____

DO NOT occupy building until "Permit of Occupancy" has been granted, to do so may result in a fine.

To All Interested Parties:

The issuance of a Use and Occupancy Certificate is solely for the benefit of Falls Township. It may not be relied upon by anyone and is not a certificate that the property is free from defects. Such a determination must be made by each individual Buyer after performance of his/her or their own inspection of the property in question. Should a Buyer feel unable to perform such an inspection, he/she, they may wish to retain the services of a private housing inspector.



Township of Falls
 Office of the Fire Marshal
 188 Lincoln Highway · Suite 100
 Fairless Hills · Pennsylvania ·
 (215) 949-9114

Permit Year: 2025

Deficient or illegible applications will be returned. **An email address must be provided**

Annual Fire Permit Renewal and Business Information

Business Name:		Application Date:
Falls Township Business Address:		
Business Phone:	Business Email Address:	
Business Owner/Office Manager Name:		
Phone:	Cell:	Email Address:

Corporate Name & Address:	
Corporate Phone:	Corporate Email Address:

SQUARE FOOTAGE OF BUILDING/OFFICE: _____

Emergency Contact Information

#1	Phone:
#2	Phone:
#3	Phone:

Emergency names and phone numbers should be for the after-business hours (home phone numbers, etc.) in case of emergency.

Property Information

Property Owners Name:		
Address:		
Phone:	Cell:	Email Address:

For Department Use Only

Date:	Receipt Number:	Fee:	Late: YES NO
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Township of Falls
 Department of Planning & Zoning
 450 Lincoln Highway, Ste 100
 Fairless Hills, PA 19030
 Phone: (215)949-91110. 215-949-9114
www.fallstwp.com



BUSINESS LICENSE APPLICATION/REGISTRATION

Please print or type all responses.

Deficient or illegible applications will be returned. **An email address must be provided.**

Date _____

Name of Business: _____

Township Business Address: _____

Township Business Number: _____ # of Employees _____

Contact Name: _____ Company Email Address: _____

Corporate Name _____ **Corporate Email Address:** _____

Corporate Address _____

Corporate Phone Number: _____

*Emergency Contact Name _____ Number: _____

*Emergency Contact Name _____ Number: _____

Applicant Signature _____ Title: _____

Note: All Home Daycare applications and/or renewals will need to provide a copy of their current State Certificate of Registration and general liability insurance with Falls Township named as Certificate holder.

Emergency names and phone numbers should be for the after-business hours (home phone numbers, etc.) in case of emergency.

FOR OFFICIAL USE ONLY

LICENSE # _____	COMMENTS _____
AMOUNT PAID _____	_____
RECEIPT NUMBER _____	DATE PAID _____

REVISED 5/22/2023.