



# Falls Township

188 Lincoln Highway  
Fairless Hills, PA 19030  
215-949-9000

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## Non-residential Use and Occupancy instructions (for resales and rentals)

Complete the Commercial / Industrial Use & Occupancy Application

Complete the Fire Permit Renewal and Business License Application

Write a letter to: Matthew K. Takita, AIA, MCP, Director of Code Enforcement/ Zoning Administrator with the following information:

1. The basics of the proposed business (be as explicit as possible)
2. Days of the week and hours of operation
3. Number of employees
4. A description of any materials and quantities of materials stored at the business
5. Number of vehicles stored overnight at the business
6. Any intended construction changes

Submit via email to Diane Beri at [d.beri@fallstwp.com](mailto:d.beri@fallstwp.com)



**FALLS TOWNSHIP**  
Code Enforcement Department  
188 Lincoln Highway, Fairless Hills, PA 19030  
Office 215-949-9000

Permit No.	
Date:	
Fee:	

**COMMERCIAL / INDUSTRIAL USE & OCCUPANCY APPLICATION**

<b>Site/Location Information</b>	<p>Location of Property: _____ (Street Address, Unit Number, Etc.)</p> <p>Tax Parcel No. _____</p> <p>Business Name/Tenant: _____</p> <p>Proposed Use: _____</p> <p>Square Footage: _____</p>																									
<b>Applicant Information</b>	<p style="text-align: center;"><u>Property Owner</u> <span style="float: right;">(check only one)</span></p> <p><u>Buyer</u> <input type="checkbox"/> or <u>Lessee</u> <input type="checkbox"/></p> <p>Name _____</p> <p>Address _____ _____</p> <p>Phone _____</p> <p><b>Contact Person to Schedule Inspection:</b> Name _____ Phone _____ Email: _____</p>																									
<b>Signatures</b>	<p>Signature of Property Owner _____ Signature of Buyer/Lessee _____</p> <p>Print Name of Owner _____ Print Name of Buyer/Lessee _____</p>																									
<b>INSPECTIONS DEPT USE ONLY</b>	<table><tbody><tr><td>Zoning Officer</td><td>Date</td><td><input type="checkbox"/> Pass</td><td><input type="checkbox"/> Fail</td><td>Use _____</td></tr><tr><td>Building/Plumb/Mechanical Inspector</td><td>Date</td><td><input type="checkbox"/> Pass</td><td><input type="checkbox"/> Fail</td><td>Class _____</td></tr><tr><td>Electrical Inspector</td><td>Date</td><td><input type="checkbox"/> Pass</td><td><input type="checkbox"/> Fail</td><td>UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Fire Inspector</td><td>Date</td><td><input type="checkbox"/> Pass</td><td><input type="checkbox"/> Fail</td><td>ZHB Decision <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Final Accessibility</td><td>Date</td><td><input type="checkbox"/> Pass</td><td><input type="checkbox"/> Fail</td><td>Date: _____</td></tr></tbody></table>	Zoning Officer	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Use _____	Building/Plumb/Mechanical Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Class _____	Electrical Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	UCC-6 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Inspector	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	ZHB Decision <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Accessibility	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Date: _____
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## USE AND OCCUPANCY CODE ANALYSIS

Please provide the following information. Form must be completed in its entirety or application will not be processed.

**IF STORING ANY CHEMICALS YOU ARE REQUIRED TO PROVIDE MSDS**

**ATTENTION** ALL RESTAURANTS AND NIGHTCLUBS MUST PROVIDE THE FOLLOWING:

1. The existing and proposed floor plan prepared by and signed and sealed by an architect or Engineer.
2. The floor plan shall indicate the location of all tables and chairs, restroom facilities and all equipment.
3. Occupant load and calculations.
4. Egress width and calculations.
5. Egress diagram.

I do declare under the penalty of perjury that this has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT USE ONLY**

APPROVED  DENIED

## Building Official

Date



Township of Falls  
188 Lincoln Highway  
Fairless Hills, Pennsylvania 19030  
(215) 949-9000

Permit Year: 2026

## Fire Permit Renewal and Business License Application

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

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:

**SQ. FT. OF BUILDING/OFFICE:** \_\_\_\_\_ **# OF EMPLOYEES:** \_\_\_\_\_

### 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: Bus License #:	Fire Fee: Bus License Fee:	Late: YES      NO
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