



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

**USE AND OCCUPANCY CODE ANALYSIS**

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

Property Address:			
Tax Parcel No.			
Name of business at above location:			
Proposed use(s) at above address:(i.e. industrial, retail, office, storage, etc.)			
Use 1		Square Footage:	
Use 2:		Square Footage:	
Use 3:		Square Footage:	
Use 4:		Square Footage:	
<b>Total Square Footage:</b>			

Construction of building:

Is the building sprinklered?

Overall dimensions of building tenant space:

IF THIS IS EITHER A STORAGE, INDUSTRIAL, OR MANUFACTURING FACILITY, LIST IN DETAIL THE TYPES AND QUANTITIES OF MATERIAL THAT WILL BE STORED OR USED ON THE PREMISES.

MATERIAL	QUANTITY	METHOD of STORAGE

**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



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