



Falls Township

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

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



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

Site/Location Information	Location of Property: _____ (Street Address, Unit Number, Etc.)
	Tax Parcel No. _____
	Business Name/Tenant: _____
	Proposed Use: _____
	Square Footage: _____

Applicant Information	(check only one)
	<u>Property Owner</u> <input type="checkbox"/> <u>Buyer</u> <input type="checkbox"/> or <u>Lessee</u> <input type="checkbox"/>
	Name _____
	Address _____
	Phone _____
Contact Person to Schedule Inspection:	
Name _____	Phone _____
Email: _____	

Signatures	_____	_____
	Signature of Property Owner	Signature of Buyer/Lessee
	_____	_____
	Print Name of Owner	Print Name of Buyer/Lessee

<u>INSPECTIONS</u> DEPT USE ONLY	_____	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: _____
	_____	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	_____	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	_____	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	_____	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	_____	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

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:	
Total Square Footage:			

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
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DEPARTMENT USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____	_____
Building Official			Date



Township of Falls
 188 Lincoln Highway
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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: YES NO
	Bus License #:	Bus License Fee:	