



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

APPLICATION FOR USE AND OCCUPANCY PERMIT

1. Location of Property: _____
Address _____ Block # _____ Unit # _____
2. Name of Property Owner: _____
Telephone #: _____ Fax #: _____ E-mail : _____
3. Address of Property Owner: _____
4. Name and Address of Business: _____
Name _____ Address _____
5. Name of Business Owner: _____
Telephone #: _____ Fax #: _____ E-mail : _____
6. Address of Business Owner: _____
7. Describe the portion of the structure for which this application applies. Provide plot plan to locate area:

8. Provide floor plan with size detail showing doors, windows, stairs, floor area of each room, extinguisher location, door swing, smoke detection/alarm, sprinklers, areas of egress, bathroom facilities, location of electric panel, heat and air, utility room and all pertinent safety data.
9. Type of business with description of operation: _____

10. Materials used: (flammable, foams or any volatile material, special conditions, fuel loading material storage, cloth, paper, liquids or gases, etc.): _____

11. Number of persons normally on site: _____
12. Is any area open to public access? (describe, counter or other): _____

13. Fee: \$50.00
14. Date and time available for Use and Occupancy inspection: _____
15. Inspector - Technicon Enterprises, Inc. 610-286-1622