Falls Township
188 Lincoln Highway, Suite 100, 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
188 Lincoln Highway, Ste. 100
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)

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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

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

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

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 f 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
Department of Planning and Zoning
188 Lincoln Highway, Suite 100
Fairless Hills, Pa. 19030
Phone: (215) 949-9000 Fax: (215) 949-9015
www.fallstwp.com

BUSINESS LICENSE APPLICATION/REGISTRATION

All out of town contractors must provide proof of Liability Insurance *attached* to the Application

Annual Fee $75.00

General Instructions: Complete all applicable questions. Answer all questions. Please print or type all responses. Deficient or illegible applications will be returned.

Date_____

Name of Business_____

Address:_____

Business Phone Number:_____ Fax #_____

Contact Name:_____

*Emergency Contact Name_____Number:_____

*Emergency Contact Name_____Number:_____

*Emergency Contact Name_____Number:_____

*Emergency Contact Name_____Number:_____

Applicant Signature_____Title:_____

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

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

It is the responsibility of the business owner to notify the Township, in writing, of any changes in the emergency contact person(s) or their phone numbers as soon as possible.

Any Business License Applications submitted that are not completed and returned on the original applications with all required attachments will be returned without being processed.

FOR OFFICAL USE ONLY

LICENSE #_____ COMMENTS_____

AMOUNT PAID_____

RECEIPT NUMBER_____ DATE PAID_____

Township of Falls
Office of the Fire Marshal
188 Lincoln Highway · Suite 100
Fairless Hills · Pennsylvania · 19030
(215) 949-9000 · Fax: (215) 949-9015

Permit Year: 2021

THIS FORM MUST BE SENT BACK IN IT'S ORIGINAL FORM, NO COPIES WILL BE ACCEPTED

Annual Fire Permit Renewal and Business Information

Business Name:		Application Date:
Address:		
Business Phone:	Fax:	Cell:
Business Owners Name:		
Home Address:		
Phone:	Cell:	Email Address:

SQUARE FOOTAGE OF BUILDING/OFFICE: _____

Managers Name:		
Home Address:		
Phone:	Cell:	Email Address:

Emergency Contact Information

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

Property Information

Property Owners Name:		
Address:		
Phone:	Cell:	Pager:

For Department Use Only

Date:	Receipt Number:	Fee:	Late: YES NO

REVISED 1/8/2020