

Date _____

Newtown Township
100 Municipal Drive
Newtown, PA 18940

Permit # _____

www.twp.newtown.pa.us

NON RESIDENTIAL CERTIFICATE OF OCCUPANCY APPLICATION
APPLICATION MUST BE FILLED OUT COMPLETELY

Step 1 Application must be submitted to Codes & Zoning Department with applicable fee stated on Page 4

215-968-2800 ext.241
215-968-5931 fax

Step 2 Applicant must call Emergency Services for occupancy inspection 215-968-2800 ext#255

Step 3 Applicant must contact Newtown Artesian Water Company for sign-off 215-968-6781

Step 4 Applicant must contact Newtown Sewer Authority for sign-off 215-968-4109

I. General Information

Business/Company Name _____

Business Address Street _____

 Suite/PO _____

 City/ST/ZIP _____

Business Phone # _____ Fax # _____ Tax Parcel # _____

Business Service/Product Description _____

Hazardous Material/Conditions _____

*Area devoted to **USE/USES** _____ Sq.Ft. + _____ Sq.Ft. = _____

Owner of building or Contractor may need to furnish this information

*Examples of Uses, office, retail, warehouse/storage, service, restaurant, etc.

Hours of Operation: _____

Days of Operation: _____

Employees (Total number) _____ Max number _____ By Shifts 1 _____ 2 _____ 3 _____

Representative Name _____ Position _____

Previous Tenant _____

Date _____

Newtown Township
100 Municipal Drive
Newtown, PA 18940

Permit # _____

www.twp.newtown.pa.us

NEWTOWN TOWNSHIP EMERGENCY/FIRE DEPARTMENT FORM 215-968-2800 EXT. 255

II. Emergency Information – To be held in confidence

BUILDING

Owner/Name _____

Address _____

Phone #1 () _____ Phone #2 () _____

TENANT

Owner/Name _____

Address _____

Phone #1 () _____ Phone #2 () _____

PRIMARY EMERGENCY CONTACT:

Address _____

Phone #1 () _____ Phone #2 () _____

KNOX BOX YES _____ NO _____

Location _____

SPRINKLER YES _____ NO _____ Type: Wet _____ Dry _____

III. ALARM INFORMATION:

Type: Smoke Detection _____ FM 200 _____ FM 300 _____ Manual Pull Station _____

Alarm Panel Manufacturer: _____ Model # _____

CENTRAL STATION

Name _____

Address _____

Phone # _____

Date _____

Newtown Township
100 Municipal Drive
Newtown, PA 18940

Permit # _____

www.twp.newtown.pa.us

NEWTOWN TOWNSHIP POLICE DEPARTMENT \$10.00 Filing Fee

ALL AUTOMATIC BURGULAR DETECTION DEVICES MUST BE REGISTERED

NEWTOWN TOWNSHIP POLICE DEPARTMENT BEFORE OCCUPANCY PERMIT WILL BE ISSUED

IV. APPLICATION FOR AUTOMATIC PROTECTION DEVICE PERMIT

NO. _____

DATE _____

I hereby make application for a Permit to install an automatic protection device.

1. Location of Property: _____

2. Type of building: Commercial _____ Industrial _____ Residential _____

3. Business Name: _____

4. Billing Address: _____

5. Contact Person and Phone #: _____

6. Owner's Name & Address: _____

7. Type of Device: Hold-up _____ Burglar _____ Fire _____ Other _____

8. Type of Alarm: Silent _____ Audible _____

9. Direct Communication: Yes ___ No ___ Company Name & Phone: _____

10. Manufacturer of device and Model #: _____

11. Install Date: _____

12. Installer's Name & Address: _____

13. Installer's Phone: _____ Owner's Phone: _____

As a condition to the issuance of a permit, the undersigned in accordance with Section 1500 of the Emergency Alarm Ordinance agrees to pay as reimbursement to Newtown Township the sum of **THIRTY-FIVE DOLLARS (\$35.00)** for each false alarm originating from the premises, except the first false alarm in a calendar year. This payment is separate and apart from any penalty provision by Section 1600 of the Ordinance.

The undersigned authorizes Newtown Township to permit the appropriate officers to enter upon the premises at such reasonable times and upon reasonable notice to inspect the installation and operation of the automatic protection device.

I hereby swear and affirm the above statements are true and that all work be done as described and will comply with all provisions of the Newtown Township Emergency Alarm Ordinance.

Signature of Owner

Signature of Applicant

The Foregoing application for a permit is approved.

_____, 20__
