TOWAMENCIN TOWNSHIP
1090 Troxel Rd, Lansdale, PA 19446
Phone: (215) 368-7602 Fax: (215) 368-7650
permits@towamencin.org

NON-RESIDENTIAL CERTIFICATE OF OCCUPANCY APPLICATION

CHECK THOSE THAT APPLY: ☐ PROPERTY TRANSFER ☐ PROPERTY TRANSFER W/ EXISTING TENANT ☐ NEW TENANT

PROPERTY ADDRESS: _____ SUITE/UNIT: _____

CITY: _____ ZIP: _____

APPLICANT NAME (Seller, Agent): _____ E-MAIL: _____

APPLICANT ADDRESS: _____ PHONE: _____

NEW OWNER/TENANT: _____ E-MAIL: _____

NEW OWNER/TENANT ADDRESS: _____ PHONE: _____

DETAILED DESCRIPTION AS TO THE **PROPOSED USE(S)** OF THE BUILDING OR LAND TO INCLUDE OPERATIONS OR PROCESSES, STORAGE OR USE, NUMBER OF OFFICES, ACTIVITIES, MANUFACTURING/INDUSTRIAL PRODUCTS PRODUCED:

_____

_____

SQUARE FOOTAGE (TOTAL BUILDING/TENANT): _____/_____ DATE OF INTENDED OCCUPANCY: _____

POINT OF CONTACT: _____ PHONE#: _____ E-MAIL: _____

**A SATISFACTORY ELECTRICAL INSPECTION IS REQUIRED TO COMPLETE THE APPLICATION

USE OF OCCUPANCY OF A PROPERTY WITHOUT A CERTIFICATE OF OCCUPANCY CONSTITUTES VIOLATION OF TOWAMENCIN TOWNSHIP ORDINANCE No. 87-9, AS LAST AMENDED AND MAY RESULT IN PROSECUTION.

_____

SIGNATURE OF APPLICANT

****Applicant – Please read and SIGN page 2 as well****

-OFFICIAL USE ONLY BELOW THIS LINE-

****

IBC Building Type:

(IA) (IB) (IIA) (IIB) (IIIA) (IIIB) (IV) (VA) (VB)

IBC Use Group/Groups: Separated _____ Non-separated _____

(A1) (A2) (A3) (A4) (A5) (B) (E) (F1) (F2) (H1) (H2) (H3) (H4) (H5) (I1) (I2) (I3) (I4) (M) (R1) (R2) (S1) (S2) (U)

Zoning Classification: _____ Permitted: _____

Approvals: _____ _____

Zoning Officer Date Building Official Date

Electrical Inspection Date: _____ Final Inspection Date: _____ Permit No: _____

COMMENTS: _____

INSPECTIONS

Validity of a Certificate of Occupancy is contingent upon compliance with all Towamencin Twp. Ordinances. Property owner is responsible for this compliance.

NON-RESIDENTIAL INSPECTIONS: Non-residential properties will be required to be in compliance with all Towamencin Township Ordinances and with Commonwealth of Pennsylvania Labor and Industry requirements. At the time of application to Towamencin Township, please request the memo of instructions for obtaining a non-residential certificate of occupancy which must be complied with prior to the issuance of a certificate.

1. PROPERTY USE IS IN ACCORDANCE WITH ZONING.
2. FUNCTIONING SMOKE DETECTOR IN A CENTRAL LOCATION AT EACH LEVEL, INCLUDING BASEMENT. SYSTEM AND TYPE OF SMOKE DETECTOR INSTALLED WHEN STRUCTURE WAS BUILT MUST BE MAINTAINED. WHERE A SECURITY SYSTEM ALSO MONITORS THE SMOKE DETECTORS, PLEASE CALL THE CODE ENFORCEMENT DEPARTMENT FOR SPECIAL INSTRUCTIONS.
3. FUNCTIONING SINKS AND TOILETS.
4. FUNCTIONING GARBAGE DISPOSAL, IF APPLICABLE.
5. WORKING FANS IN NON-VENTILATED BATHROOMS. (BATHROOMS WITH NO OPERATING WINDOWS.)
6. HANDRAILS AND/OR GUARDRAILS AT ALL STAIRWAYS.
7. NO UNFILLED OPENINGS IN ELECTRIC CIRCUIT BREAKER BOX (MUST BE SWITCHES OR BLANKS).
8. NO VISIBLE OPENINGS IN WALL BOARD.
9. NO VISIBLE OPENINGS IN EXTERIOR, WHICH ALLOW WEATHER TO BREACH THE INTERIOR.
10. NO VISIBLE EXPOSED/UNCAPPED ELECTRIC WIRES OR UNCOVERED RECEPTACLES.
11. PRESSURE RELIEF VALVE ON HOT WATER HEATERS MUST HAVE A DROP PIPE 6” FROM THE FINISHED FLOOR.
12. IRON GAS PIPES MUST BE GROUNDED.
13. SUMP PUMP DISCHARGES TO EXTERIOR OF BUILDING. **(NOT INTO SANITARY SEWER PIPE)**
14. FIRE RATED DOOR AND ASSEMBLY BETWEEN USAGES.
15. GUARD RAIL 42” HEIGH REQUIRED AT ALL BALCONIES, MEZZINENE AND DECKS ABOVE 30” FROM FINISHED FLOOR OR GRADE.
16. SANITARY SEWER VENT - FOR ALL SANITARY SEWER CONNECTIONS TO THE PUBLIC SEWER SYSTEM, THE YARD VENT FROM THE WASTEWATER PIPE TO ABOVE GRADE, MUST BE ABOVE GROUND AND CAPPED. ALTHOUGH LANDSCAPING MAY EXIST AROUND THE VENT, THE LANDSCAPING, OR ANYTHING ELSE, MAY NOT COVER THE VENT.
17. DOWN SPOUTS - ALL DOWN SPOUTS MUST BE DISCHARGING TO OR INTO THE GROUND, THE STREET, OR BE DIRECTLY CONNECTED TO THE STORM WATER SYSTEM. **(NOT INTO SANITARY SEWER PIPES)**
18. **ALL WALKS, SIDEWALKS, MUST BE FREE OF ALL TRIPPING HAZARDS.**
19. FIRE SUPRESSION SYSTEM INSPECTED BY TOWNSHIP FIRE MARSHAL’S OFFICE. PLEASE CALL PRIOR TO USE OF OCCUPANCY INSPECTION TO MAKE APPOINTMENT.
20. ALL EMERGENCY LIGHTING / EXIT LIGHTING OPERATING PROPERLY.
21. **APPLICANT / OWNER MUST CALL TOWNSHIP TO SCHEDULE INSPECTION.**

I HAVE READ THE ABOVE INFORMATION REGARDING INSPECTIONS:

_____

SIGNATURE OF APPLICANT

Established in 1728

Towamencin TOWNSHIP

A Community of Tradition and Vision

EMERGENCY CONTACT FORM

All information supplied is strictly confidential and is for emergency use only.
Please be sure to complete form Legible.

Date of Form Completion: _____ Form Completed by: _____

Business Name: _____

Business Address: _____

_____

Business Phone: _____

Business Owner Name: _____ Phone: _____

Email Address: _____

Property Owner Name: _____ Phone: _____

Emergency Contact Information (Place in priority order. Closest person first)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Alarm Company Name: _____ Phone: _____

Fire Alarm Company Name: _____ Phone: _____

Sprinkler Company Name: _____ Phone: _____

Return Emergency Contact Form to Towamencin Township
Email: Bill Oettinger (Fire Marshal) at boettinger@towamencin.org
Fax: (215) 368-7650
Mail: Towamencin Township. 1090 Troxel Rd, Lansdale, PA 19446.

FOR OFFICE USE ONLY
Date sent to 911 center: _____ Sent By: _____

TOWAMENCIN MUNICIPAL AUTHORITY

MEMO

To: Non-Residential users of the Wastewater system of Towamencin Township.

From: Towamencin Municipal Authority

Re: Industrial Survey/Discharge Permit Application

Dear Non-Residential Use & Occupancy Permit Applicant,

Attached please find the above referenced document. This information is required from all non-residential users of the wastewater collection and treatment system. Compliance is required under Towamencin Township Ordinance No. 84-6, and as amended, No. 90-2, No. 94-1, No. 94-14, No. 97-6, Sections 307 (b, c) and 402 (b) (8) of the Clean Water Act.

In following the requirements of this US EPA mandated program; all non-residential customers of the wastewater system must be permitted. This application and survey is for that permit. Once the completed Survey/Application is returned to Towamencin Township, a non-residential user wastewater discharge permit will be issued by The Towamencin Municipal Authority for your business location. This is not the Use and Occupancy permit, but a Wastewater Discharge Permit.

Currently, there are no costs associated with this application or issuance of the Wastewater Discharge Permit.

Please feel free to call 215-855-8165 if you have any questions regarding this program or need assistance in completing this application.

2225 Kriebel Road, Lansdale PA 19446
Phone: (215) 855-8165 Fax: (215) 855-2375

TOWAMENCIN MUNICIPAL AUTHORITY

INDUSTRIAL SURVEY/DISCHARGE PERMIT APPLICATION

A.1 SITE ADDRESS:

_____
COMPANY NAME

_____
STREET #, STREET

_____
CITY, STATE, ZIP

_____
TOWNSHIP

A.2 OWNER/LANDLORD ADDRESS:

_____
STREET #, STREET

_____
CITY, STATE, ZIP

A.3 SEWER BILLING ADDRESS:

_____
STREET #, STREET

_____
CITY, STATE, ZIP

_____
BILLING CONTACT

A.4 CONTACT #1:

_____
NAME PHONE #

_____
TITLE

CONTACT #2:

_____
NAME PHONE #

_____
TITLE

CONTACT #3:

_____
NAME PHONE #

_____
TITLE

TO BE COMPLETED BY TMA:

DATE RECEIVED: _____ REVIEWED BY: _____ DATE: _____

COMPUTER ENTRY: _____ DATE: _____ DATE PERMIT ISSUED: _____

TOWAMENCIN MUNICIPAL AUTHORITY

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information, and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required by your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_____ _____

Signature of Official
(Seal, if applicable)

Date

GENERAL INFORMATION

B.1 Provide a brief narrative description of the manufacturing, production, and/or service activities your firm conducts:

_____

_____

_____

_____

_____

_____

B.2 When did/will your firm start operation at this location? _____

B.3 Indicate the total number of employees working at your firm.

Part Time: _____

Full Time: _____

_____

C.1 If your facility employs processes in any of the 52 industrial categories or business activities listed below, place a check beside each category or business activity which applies.

(__) Adhesives & Sealants Manufacturing
(__) Aluminum Forming
(__) Automove Repair
(__) Bakery
(__) Batteries Manufacturing/Recycling
(__) Bottler or Packaging Company
(__) Brewery
(__) Car Wash
(__) Coil Coating or Can Making
(__) Copper Forming
(__) Dairy Products
(__) Doctor, Dentist, Physical Therapist Veterinarian
(__) Electric & Electronic Components
(__) Electroplating
(__) Equipment Repair
(__) Explosives Manufacturing
(__) Fertilizer Manufacturing
(__) Food-Bulk Processor
(__) Glass Manufacturing
(__) Gum & Wood Chems. Manufacturing
(__) Industrial Laundry
(__) Ink Formulation
(__) Inorganic Chemicals Manufacturing
(__) Iron & Steel Manufacturing
(__) Laundromat
(__) Leather Tanning & Finishing
(__) Machine Shop
(__) Mechanical Products Manufacturing
(__) Metal Finishing
(__) Metal Molding & Casting
(__) Nonferrous Metals Manufacturing
(__) Organic Chemicals Manufacturing
(__) Paint Formulation
(__) Pesticides Manufacturing
(__) Petroleum Refining
(__) Pharmaceuticals
(__) Photograph Developing
(__) Photographic Supplies Manufacturing
(__) Plastic & Synthetic Materials Manufacturing
(__) Plastics Processing
(__) Porcelain Enameling
(__) Printing & Publishing
(__) Pulp, Paper, & Paperboard Manufacturing
(__) Restaurant or Cafeteria
(__) Rubber Manufacturing
(__) Slaughter/Meat Packing/Rendering
(__) Soaps & Detergents Manufacturing
(__) Steam Electric Generation
(__) Textile Mills
(__) Woodworking Shop

C.2 Pretreatment devices used for treating wastewater or sludge. Check as many as appropriate.

(__) Air Floatation
(__) Centrifuge
(__) Chemical Precipitation
(__) Chlorination
(__) Cyclone Filtration
(__) Filtration
(__) Flow Equalization
(__) Grease or Oil Separation; Type: _____
(__) Grease Trap
(__) Grit Removal
(__) Ion Exchange
(__) Neutralization, pH correct
(__) Ozonation
(__) Reverse Osmosis
(__) Screen
(__) Sedimentation
(__) Septic Tank
(__) Solvent Separation
(__) Spill Protection
(__) Sump
(__) Biological Treatment; Type: _____
(__) Rainwater Diversion or Storage
(__) Other Chemical Treatment; Type: _____
(__) Other Physical Treatment; Type: _____
(__) Other; Type: _____
(__) No Pretreatment Provided

TOWAMENCIN MUNICIPAL AUTHORITY

D.1 This facility generates the following types of waste. Check all of those which apply; N/A where appropriate.

			Average Gal. Per Day		
D.1.a	(☐)	Domestic Wastes (Restrooms, Showers, etc.)	_____	(☐) estimated	(☐) measured
D.1.b	(☐)	Cooling Water, Noncontact	_____	(☐) estimated	(☐) measured
D.1.c	(☐)	Boiler/Tower Blowdown	_____	(☐) estimated	(☐) measured
D.1.d	(☐)	Cooling Water, Contact	_____	(☐) estimated	(☐) measured
D.1.e	(☐)	Process	_____	(☐) estimated	(☐) measured
D.1.f	(☐)	Equipment/Facility Washdown	_____	(☐) estimated	(☐) measured
D.1.g	(☐)	Air Pollution Control Unit	_____	(☐) estimated	(☐) measured
D.1.h	(☐)	Storm Water Run-Off to Sewer	_____	(☐) estimated	(☐) measured
D.1.i	(☐)	Other; Describe _____	_____	(☐) estimated	(☐) measured

D.2 TOTAL D.1.a – D.1.i: _____

D.3 Indicate where the wastes identified in Section D.1 are discharged as follows. Check all of those that apply; N/A where appropriate.

			Average Gal. Per Day		
D.3.a	(☐)	Sanitary Sewer	_____	(☐) estimated	(☐) measured
D.3.b	(☐)	Storm Sewer	_____	(☐) estimated	(☐) measured
D.3.c	(☐)	Surface Water	_____	(☐) estimated	(☐) measured
D.3.d	(☐)	Ground Water	_____	(☐) estimated	(☐) measured
D.3.e	(☐)	Waste Haulers	_____	(☐) estimated	(☐) measured
D.3.f	(☐)	Evaporation	_____	(☐) estimated	(☐) measured
D.3.g	(☐)	Other; Describe _____	_____	(☐) estimated	(☐) measured

D.4 TOTAL D.3.a - D.3.g: _____

PLEASE NOTE: If you have checked any of the categories of Part C.1, you may be receiving an additional survey, in order to complete our files. Thank you for your cooperation.
