

BUSINESS



PERMIT

Folio #	16-	Zoning District		Use #		Occ. #	
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100 Garrett Road Room 109 Upper Darby, PA 19082 Email: LI@upperdarby.org Phone #: 610-734-7613

All persons starting up a new business or taking over an existing business must complete the following tasks before commencing business, please initial each box to indicate you have read and understand the requirements:

Name of Business:		Address:	
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Fill out this application completely, provide an accurate floor plan of the tenant space, and pay \$100 via check or money order to Licenses & Inspection in room 109 or pay online at www.upperdarby.org/codepay

Apply for the proper building permits when performing renovations or changing the use of the tenant space. Permits can be obtained from L&I in room 109.

Apply for the proper sign permits when replacing or installing new signage for your business. THIS INCLUDES FACE CHANGES. Permits should be obtained from L&I in room 109.

Satisfy the local tax requirements with eCollect at www.ecollectplus.com

If you are preparing/selling food, you must obtain a food license from the Delaware County Health Department.

The inspection of a new business or takeover will consist of the following, please initial each box to indicate that you have read the requirements and are prepared to show compliance in the following areas:

Exterior Property Maintenance: The public curbing and sidewalk must be maintained. It is a commercial property's responsibility to haul trash from the property (including required recycling) proper trash receptacles must be provided, street numbers must be clearly visible, exterior building finishes must be maintained, etc.

Means of Egress: The proper number of exits must be provided, all doors must be in working condition and free from excessive locking devices, stairs must be maintained in safe condition and handrails provided, clear egress paths must be provided throughout the building, emergency lighting and exit signs may be required, and any existing equipment must be operable.

Fire Protection Systems: All existing fire protection systems including but not limited to: sprinklers, alarm systems, manual fire extinguishers, automatic fire extinguishers, and wet or dry standpipes are required to be tested, inspected, and maintained by a qualified agency.
DOCUMENTATION OF THESE INSPECTIONS, TESTS, & MAINTENANCE WILL BE REQUIRED IN ORDER TO PASS YOUR FINAL INSPECTION.

Heating and Cooling Systems: equipment must be maintained in a safe and working manner, equipment must be properly vented, adequate combustion air must be provided, and clearances to combustibles must be maintained.

Plumbing Systems: An adequate number of bathrooms and hand sinks must be provided and maintained in a working manner, additional sanitary facilities may be required by the Health Department, all sanitary drainage and supply piping must be kept free from cracks, leaks, etc. Sump pumps are not permitted to discharge into the sanitary system.

Electrical Systems: The electrical system must be maintained in a safe manner, open junction boxes, missing outlets in cutout boxes, frayed wiring, improper connections, exposed romex, open circuit breaker slots, and damaged service entrance cables, etc. must be addressed by a licensed master electrician. An adequate number of general use receptacles will be required to limit the use of extension cords. Extension cords are only permitted to serve one portable appliance and they may not run through walls, floors, or under doors or carpeting, etc.

Interior Property Maintenance: Storage must be in a clean and organized manner, high piling of storage will not be permitted in most cases, penetrations, holes, etc. in the building must be repaired, fire resistance ratings for walls, doors, etc. must be maintained and upgraded in some cases, adequate light and ventilation must be provided, and the property upgraded, adequate light and ventilation must be provided, and the property must be kept free from pests.

All inspections must be completed, and all violations found must be corrected prior to business commencing.

Address of use					
Property owner		Phone #			
Owner's Address		City		St. & Zip	
Tenant Name		Phone #			
Tenant Home Address		City		St. & Zip	
Tenant Email Address					

Type of business					
What was the previous business?					
Will any materials be warehoused on site?	Y or N	If yes, where?			
Does this building have residential units?	Y or N	If yes, all units must have up-to-date rental licenses			
Will you be selling Merchandise Wholesale?	Y or N	Will you be selling retail?		Y or N	
Will you sell, serve, or prepare food?	Y or N	If yes, a food license is required			
Will tables and chairs be provided for sit down meals?	Y or N	If yes, how many seats?			
Is off-street parking available?	Y or N	If yes, how many spots?			
Is metered parking available?	Y or N	If yes, how many spots are within 200' of the tenant space			
How many people will be employed at this location?					
Will any renovations be done or any signs installed or changed?	Y or N				
If yes, then permits will be required before making changes.					

Will you be using the basement area?	Y or N	If yes, what for?			
What is the square footage of the basement area?		How many exits?			
How many bathrooms?					

Will you be using a first floor area?	Y or N	If yes, what for?			
What is the square footage of the 1st floor area?		How many exits?			
How many bathrooms?					

Will you be using a second floor area?	Y or N	If yes, what for?			
What is the square footage of the 2nd floor area?		How many exits?			
How many bathrooms?					

Will you be using a third floor area?	Y or N	If yes, what for?			
What is the square footage of the 3rd floor area?		How many exits?			
How many bathrooms?					

Will you be using a fourth floor area?	Y or N	If yes, what for?			
What is the square footage of the 4th floor area?		How many exits?			
How many bathrooms?					

Will you be using a fifth floor area?	Y or N	If yes, what for?	
What is the square footage of the 5th floor area?		How many exits?	
How many bathrooms?			

Will you be using a sixth floor area?	Y or N	If yes, what for?	
What is the square footage of the 6th floor area?		How many exits?	
How many bathrooms?			

Will you be using any other area of the property?	Y or N	If yes, what for?	
What is the square footage of this area?		How many exits?	
How many bathrooms?		Describe the area	

Is this building sprinklered?	Y or N	Is there an existing fire alarm?	Y or N
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FAILURE TO ANSWER ANY PORTION OF THIS APPLICATION WILL RESULT IN AN AUTOMATIC DENIAL AND PROVIDING FALSE INFORMATION WILL RESULT IN IMMEDIATE REVOCATION OF YOUR BUSINESS LICENSE.

Print Name		Date	
Signature			

	Zoning App
Director, Department of Licenses & Inspection	Review Date

UPPER DARBY TOWNSHIP POLICE AND FIRE DEPARTMENT BUSINESS INFORMATION

Business Name	
Business Address	
Business Telephone No.	
Comments	

Alarm Types							
Burglary	Y or N	Disturbance	Y or N	Holdup	Y or N	Fire	Y or N

Alarm Company Name							
Address						Phone #	
City		State		Zip			
Comments							

Emergency Contacts

Name				Cell Phone			
Address							
City		State		Zip			
Home Phone				Work Phone			

Name				Cell Phone			
Address							
City		State		Zip			
Home Phone				Work Phone			

Name				Cell Phone			
Address							
City		State		Zip			
Home Phone				Work Phone			