

**BRISTOL BOROUGH**  
**250 Pond Street**  
**Bristol, Pa 19007**

**Office: (215) 785-4501**  
**Fax: (215) 788-5366**

**U & O Fee:** \_\_\_\_\_  
**Fire Fee:** \_\_\_\_\_

**APPLICATION FOR COMMERCIAL RENTAL USE AND OCCUPANCY**  
**APPLICATION MUST BE FILLED OUT COMPLETELY**

**RENTAL UNIT ADDRESS:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**EXPECTED DATE OF OCCUPANCY:** \_\_\_\_\_

**LOCATION:**

**1<sup>ST</sup> FLOOR** \_\_\_\_\_ **2<sup>ND</sup> FLOOR** \_\_\_\_\_ **3<sup>RD</sup> FLOOR** \_\_\_\_\_ **SQUARE FT:** \_\_\_\_\_  
**FRONT** \_\_\_\_\_ **REAR** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**PROPOSED OCCUPANTS/BUSINESS:**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**AGENT FOR OWNER (if any):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**COMMERCIAL USE:** \_\_\_\_\_

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**ZONING APPROVED: YES or NO**

\_\_\_\_\_  
Zoning Officer's Signature and Date

**NOTE: SECRETARY WILL CALL AND SCHEDULE DATE AND TIME OF INSPECTION—ALLOW 5 TO 10 BUSINESS DAYS--ALLOW ½ HOUR WINDOW—NO EMERGENCY INSPECTION. HEATER, CHIMNEY AND ELECTRICAL CERTIFICATIONS NEEDED PRIOR TO ISSUANCE OF OCCUPANCY PERMIT, IF REQUIRED. ALSO, FILL OUT FIRE INSPECTION APPLICATION.**

**Building Inspection Underwriters, Inc.**

**Fire Prevention Division**

**Fire Prevention Permit Application**

302 E. Pennsylvania Avenue \* Feasterville, PA 19053 \* (215) 322-2626 fax: (215) 365-7921

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of Use Group: \_\_\_\_\_

Date of Occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_ Square Foot: \_\_\_\_\_

Comments: (Please note a brief description of intended use and submit MSDS if chemicals are being used or stored).

\_\_\_\_\_  
\_\_\_\_\_

I understand that all statements are true.

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature / Owner's Name (Print)

**Do Not Write Below this Line**

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Permit Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved for Installation: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Final Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fire Official: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Inspection Underwriters, Inc.**

**Fire Prevention Division**

**Business Establishment Form**

302 E. Pennsylvania Avenue \* Feasterville, PA 19053 \* (215) 322-2626 fax: (215) 365-7921

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

INTENDED USE OF PROPERTY: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

BUSINESS MANAGER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

.....  
ALARM COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

BOARD OF HEALTH #: \_\_\_\_\_

RESTAURANT LIQUOR LICENSE # \_\_\_\_\_

.....  
**EMERGENCY INFORMATION (PLACE NAMES IN PRIORITY ORDER OTHER THAN MANAGER'S NAME)**

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

.....  
PROPERTY OWNER'S NAME: \_\_\_\_\_ HOME/CELL PHONE #: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OTHER EMERGENCY INFORMATION THAT SHOULD BE ON FILE PLEASE USE OTHER SIDE.

**COPIES TO POLICE DEPT/ FIRE DEPT/ COUNTY DISPATCHER**