

BRISTOL BOROUGH
250 Pond Street
Bristol, Pa 19007

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

FEE: _____

APPLICATION FOR COMMERCIAL SALE USE AND OCCUPANCY

APPLICATION MUST BE FILLED OUT COMPLETELY

AGENCY NAME: _____

ADDRESS: _____

PHONE #: _____ **CELL #:** _____

FAX# _____ **E-MAIL** _____

BUILDING ADDRESS: _____

SQUARE FOOTAGE: _____

SETTLEMENT DATE: _____

SELLER INFORMATION:

SELLER NAMES: _____

ADDRESS: _____

PHONE #: _____ **CELL #:** _____

BUYER INFORMATION:

BUYERS NAME: _____

ADDRESS: _____

PHONE #: _____ **CELL #:** _____

COMMERCIAL USE: _____

ZONING APPROVED: YES or NO _____
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 INSPECTIONS. ORIGINALS OF HEATER, CHIMNEY AND ELECTRICAL CERTIFICATIONS REQUIRED BEFORE ISSUANCE OF OCCUPANCY PERMIT. ALSO, FILL OUT FIRE INSPECTION APPLICATION.

BRISTOL BOROUGH

Department of License & Inspections

Fire Prevention Permit Application

250 Pond Street, Bristol, Pa 19007

Phone 215-788-3828

Fax 215-788-5366

Application Date: ____/____/____

Business Name: _____ Bus. Phone: _____

Business Address: _____

City/State/Zip: _____

Business Owner's Name: _____ Owner's Phone # _____

Owner's Address: _____ Owner's E-Mail _____

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

Permit Fee: \$ _____ Receipt # _____ Date: ____/____/____

Comments: _____

**Borough of Bristol
Licenses & Inspections**

EMERGENCY CONTACT INFORMATION FORM

250 Pond Street, Bristol, PA 19007

(215) 785-4501

Fax: (215) 788-5366

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.

OFFICE USE ONLY.

Faxed to Bucks County Department of Emergency Communications/ 911 Center: _____

