

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

NON-RESIDENTIAL
CERTIFICATE OF OCCUPANCY APPLICATION

PROPERTY TO BE INSPECTED: _____ SUITE/UNIT#: _____

CITY: _____ ZIP: _____

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

APPLICANT ADDRESS: _____ PHONE#: _____

NEW OWNER/TENANT: _____ E-MAIL: _____

NEW OWNER/TENANT ADDRESS: _____ PHONE#: _____

STATEMENT AS TO THE **PRESENT USE(S)** OF THE BUILDING OR LAND: _____

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

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

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

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

Date and Time of Inspection: _____ Permit No: _____ Date Issued: _____

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.

REQUIREMENTS

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" HIGH 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 WASTE WATER 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 AN 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

TOWAMENCIN TOWNSHIP
Emergency and Preplan Information Form

Facility: _____ Phone Number: _____

Address: _____

Type of Facility: _____ Number of Daytime Occupants: _____

Hours of Operation: _____ Number of Shifts: _____ Number of Nighttime Occupants: _____

Emergency Contacts

Building Owner:	Alternate Contact:
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Alarm Company: _____ Phone Number: _____

Yes No

- ___ ___ Alarm, Types of Alarms _____
- ___ ___ Knox Box, Location _____
- ___ ___ Sprinklers, Number of Risers _____
- ___ ___ Standpipes, Number of Standpipes _____
- ___ ___ Hazardous Materials, Location of MSDS Sheets _____
- ___ ___ Basement, Full _____ Partial _____
- ___ ___ Roof Trusses, Type of Materials _____
- ___ ___ Floor Trusses, Type of Materials _____

Square feet of building _____ Number of Floors _____

Type of Construction: Steel _____ Wood _____ Masonry _____ Other _____

Please Include 8½x11 Plans of the following:

SITE PLAN	FLOOR PLAN including the below information. Please use the appropriate number to indicate the location on the plan.	
showing:		
Parking Areas	#1 Gas Shut-off	#8 Standpipe Locations
Driveways	#2 Main Electrical Shut-off	#9 Hazardous Materials
	#3 Domestic Water Shut-off	#10 Material Safety Data Sheets
	#4 Fire Alarm Panel Box	#11 Internal Fire Walls
	#5 Fire Dept. Connections to	#12 Smoke or Heat Activated Fire Door
	#6 Sprinkler Riser Locations and	#13 Knox Box
	#7 Indicate the area controlled	#14 Exposures

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: _____

TOWAMENCIN MUNICIPAL AUTHORITY

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.

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

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

- | | |
|---|--|
| <input type="checkbox"/> Air Floatation
<input type="checkbox"/> Centrifuge
<input type="checkbox"/> Chemical Precipitation
<input type="checkbox"/> Chlorination
<input type="checkbox"/> Cyclone Filtration
<input type="checkbox"/> Filtration
<input type="checkbox"/> Flow Equalization
<input type="checkbox"/> Grease or Oil Separation;
Type: _____
<input type="checkbox"/> Grease Trap
<input type="checkbox"/> Grit Removal
<input type="checkbox"/> Ion Exchange
<input type="checkbox"/> Neutralization, pH correct
<input type="checkbox"/> Ozonation
<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Screen | <input type="checkbox"/> Sedimentation
<input type="checkbox"/> Septic Tank
<input type="checkbox"/> Solvent Separation
<input type="checkbox"/> Spill Protection
<input type="checkbox"/> Sump
<input type="checkbox"/> Biological Treatment;
Type: _____
<input type="checkbox"/> Rainwater Diversion or Storage
<input type="checkbox"/> Other Chemical Treatment;
Type: _____
<input type="checkbox"/> Other Physical Treatment;
Type: _____
<input type="checkbox"/> Other;
Type: _____
<input type="checkbox"/> 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.

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

		<u>Average Gal. Per Day</u>		
D.3.a	<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.b	<input type="checkbox"/> Storm Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.c	<input type="checkbox"/> Surface Water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.d	<input type="checkbox"/> Ground Water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.e	<input type="checkbox"/> Waste Haulers	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.f	<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
D.3.g	<input type="checkbox"/> Other; Describe _____	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

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

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.