



# USE & OCCUPANCY TRANSFER COMMERCIAL

<b>Zoning District:</b>	<b>PROPERTY ADDRESS:</b> _____
<b>CURRENT OWNER INFORMATION:</b>	<b>NEW OWNER /LEASEE INFORMATION:</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone #: _____	Phone #: _____
Email _____	Email _____
<b>REALTOR INFORMATION:</b>	
Name: _____ Phone _____ Fax _____	
E-Mail Address _____	
Settlement date: _____	
<b>CHANGE OF USE/COMMERCIAL PROPERTIES</b> <b>FEES ARE NON-REFUNDABLE</b> <b>***All sections must be completed***</b>	
Existing Use: <input type="checkbox"/>	Proposed Use: _____ (Change of use requires building permit review)
Sq. Ft. _____	Fire Alarm      Yes      No
	Sprinkler      Yes      No
Floodway <input type="checkbox"/> Yes <input type="checkbox"/> No	Conforming <input type="checkbox"/> Yes <input type="checkbox"/> No
Are or have there been hazardous materials on property? _____	
Are or have there been storage tanks located on property? _____	
Underground _____ Above Ground _____ Number _____ Reg.# _____	
Are renovations being proposed <input type="checkbox"/> No <input type="checkbox"/> Yes (Building Permit Required)	
<b>DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY</b>	
<b>PERMIT #</b> _____ <b>APPROVED</b> _____ <b>FEE:</b> _____ <b>DATE:</b> _____	
REMARKS	
<b>SCHEDULING OF APPOINTMENTS FOR INSPECTION ARE THE RESPONSIBILITY OF THE APPLICANT. THE APPLICANT (AGENT) NAMED ON THIS DOCUMENT UNDERSTANDS THAT SETTLEMENT (TRANSFER OF OWNERSHIP) SHALL NOT OCCUR PRIOR TO OBTAINING THE CERTIFICATE OF USE &amp; OCCUPANCY. If settlement does not occur within six (6) months of the approval date of certificate, the certificate will be invalid and another certificate will be required.</b>	

# USE & OCCUPANCY TRANSFER COMMERCIAL

***INSPECTION OF NONRESIDENTIAL PROPERTIES SHALL INCLUDE ALL ITEMS OUTLINED IN THE CURRENT EDITION OF THE INTERNATIONAL PROPERTY MAINTENANCE CODE IN ADDITION TO ITEMS INSPECTED FOR RESIDENTIAL PROPERTIES WITH THE FOLLOWING ADDITIONS:***

## **1. Means of safe egress.**

- (a) A safe, continuous and unobstructed means of egress shall be provided from the interior of the structure of the public way. All doors shall open easily outward.
- (b) Capacity of the exits shall be sufficient to serve the occupant load.
- (c) All means of egress shall be indicated with approved, maintained visible and/or illuminated exit signs where required.
- (d) A sign shall be provided at each floor landing on interior stairways more than three stories above grade.
- (e) Dead-end travel distances shall not exceed 70 feet where the building is equipped with an automatic sprinkler system and not more than 35 feet for those buildings which are not so equipped.

## **2. Fire-resistant structures.**

- (a) Floors, walls, ceilings and other elements and components are in good condition and have the required fire-resistance ratings.
- (b) Fire doors and smoke barriers are in proper working order and shall not be held open by doorstops, wedges or other unapproved hold-open devices.

## **3. Fire protection systems**

- (a) The proper devices and equipment to detect a fire, activate an alarm or suppress or control a fire are in proper working order.
- (b) Fire extinguishers are properly located and of the approved type for the areas of use. The extinguisher shall be visible, provided with ready access and maintained in an efficient and safe operating condition in accordance with NFPA 10 and any amendments thereto.

### **DEPARTMENT OF BUILDING & LIFE SAFETY**

**Raymond Stackhouse, Director**

253 Municipal Dr, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689

codes@calntownship.org | www.calntownship.org

# CALN TOWNSHIP POLICE



Joseph G. Elias  
Chief of Police

253 Municipal Drive  
Thorndale, Pennsylvania  
19372-1023

Office: (610) 383-1821  
Fax: (610) 384-6507  
police@calntownship.org

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

**BUSINESS ADDRESS:** \_\_\_\_\_ **FAX#** \_\_\_\_\_

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

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

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

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

**EMERGENCY CALL LIST**

**TELEPHONE#**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**ALARM COMPANY** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ALARM TYPE: (PLEASE CIRCLE ALL THAT APPLY) SILENT, HOLD-UP, FIRE, OTHER**

**SPRINKLER CO:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPRINKLER ROOM LOCATION:** \_\_\_\_\_

**ELECTRICAL PANEL LOCATION:** \_\_\_\_\_

**GAS SHUT OFF LOCATION:** \_\_\_\_\_

**IS THERE ANY HAZARDOUS MATERIAL STORED ON THE PREMISES? Y N (CIRCLE ONE)**

**IF YES WHAT TYPE:** \_\_\_\_\_

**THIS FORM IS USED IN AN EMERGENCY. PLEASE FILL OUT THIS FORM AND MAIL OR FAX IT BACK AS SOON AS POSSIBLE. ALSO PLEASE NOTIFY US IF ANY CHANGES TAKE PLACE SO THAT WE CAN KEEP OUR RECORDS UPDATED.**

*"Policing With The Community"*