

Date \_\_\_\_\_

Newtown Township  
100 Municipal Drive  
Newtown, PA 18940

Permit # \_\_\_\_\_

www.twp.newtown.pa.us

**NON RESIDENTIAL CERTIFICATE OF OCCUPANCY APPLICATION**

**APPLICATION MUST BE FILLED OUT COMPLETELY**

- Step 1     **Application must be submitted to Codes & Zoning Department with applicable fee stated on Page 4**  
215-968-2800 ext.241  
215-968-5931 fax
- Step 2     **Applicant must call Emergency Services for occupancy inspection**     215-968-2800 ext#255
- Step 3     **Applicant must contact Newtown Artesian Water Company for sign-off**     215-968-6781
- Step 4     **Applicant must contact Newtown Sewer Authority for sign-off**     215-968-4109

**I.     General Information**

**Business/Company Name** \_\_\_\_\_

Business Address

Street \_\_\_\_\_

Suite/PO \_\_\_\_\_

City/ST/ZIP \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Business Service/Product Description \_\_\_\_\_

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

Hazardous Material/Conditions \_\_\_\_\_

\*Area devoted to **USE/USES** \_\_\_\_\_ Sq.Ft. + \_\_\_\_\_ Sq.Ft. = \_\_\_\_\_

***Owner of building or Contractor may need to furnish this information***

\*Examples of Uses, office, retail, warehouse/storage, service, restaurant, etc.

Hours of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Employees (Total number) \_\_\_\_\_ Max number \_\_\_\_\_ By Shifts 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Representative Name & Title \_\_\_\_\_

**Previous Tenant** \_\_\_\_\_

Date \_\_\_\_\_

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**NEWTOWN TOWNSHIP EMERGENCY/FIRE DEPARTMENT FORM 215-968-2800 EXT. 255**

**II. Emergency Information – To be held in confidence**

**BUILDING**

**Owner/Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #1 ( ) \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

**TENANT**

**Owner/Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone #1 ( ) \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

**PRIMARY EMERGENCY CONTACT:**

Address \_\_\_\_\_

Phone #1 ( ) \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

**KNOX BOX** YES \_\_\_\_\_ NO \_\_\_\_\_

Location \_\_\_\_\_

**SPRINKLER** YES \_\_\_\_\_ NO \_\_\_\_\_ Type: Wet \_\_\_\_\_ Dry \_\_\_\_\_

**III. ALARM INFORMATION:**

Type: Smoke Detection \_\_\_\_\_ FM 200 \_\_\_\_\_ FM 300 \_\_\_\_\_ Manual Pull Station \_\_\_\_\_

Alarm Panel Manufacturer: \_\_\_\_\_ Model # \_\_\_\_\_

**CENTRAL STATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

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**NEWTOWN TOWNSHIP POLICE DEPARTMENT \$10.00 Filing Fee**

**ALL AUTOMATIC BURGULAR DETECTION DEVICES MUST BE REGISTERED**

**NEWTOWN TOWNSHIP POLICE DEPARTMENT BEFORE OCCUPANCY PERMIT WILL BE ISSUED**

**IV. APPLICATION FOR AUTOMATIC PROTECTION DEVICE PERMIT**

NO. \_\_\_\_\_

DATE \_\_\_\_\_

I hereby make application for a Permit to install an automatic protection device.

1. Location of Property: \_\_\_\_\_

2. Type of building: Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_

3. Business Name: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

5. Contact Person and Phone #: \_\_\_\_\_

6. Owner's Name & Address: \_\_\_\_\_

7. Type of Device: Hold-up \_\_\_\_\_ Burglar \_\_\_\_\_ Fire \_\_\_\_\_ Other \_\_\_\_\_

8. Type of Alarm: Silent \_\_\_\_\_ Audible \_\_\_\_\_

9. Direct Communication: Yes \_\_\_ No \_\_\_ Company Name & Phone: \_\_\_\_\_

10. Manufacturer of device and Model #: \_\_\_\_\_

11. Install Date: \_\_\_\_\_

12. Installer's Name & Address: \_\_\_\_\_

13. Installer's Phone: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

As a condition to the issuance of a permit, the undersigned in accordance with Section 1500 of the Emergency Alarm Ordinance agrees to pay as reimbursement to Newtown Township the sum of **THIRTY-FIVE DOLLARS (\$35.00)** for each false alarm originating from the premises, after the **second** false alarm in a calendar year. This payment is separate and apart from any penalty provision by Section 1600 of the Ordinance.

The undersigned authorizes Newtown Township to permit the appropriate officers to enter upon the premises at such reasonable times and upon reasonable notice to inspect the installation and operation of the automatic protection device.

I hereby swear and affirm the above statements are true and that all work be done as described and will comply with all provisions of the Newtown Township Emergency Alarm Ordinance.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Applicant

The Foregoing application for a permit is approved.

\_\_\_\_\_, 20\_\_ \_\_\_\_\_

Date \_\_\_\_\_

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## **FEES FOR OCCUPANCY CERTIFICATES**

### **Non-Residential**

#### **New Construction**

5,000 square feet or less	\$315.00
5,001 to 10,000 square feet	\$565.00
10,001 square feet or more	\$72000

#### **Alterations/Additions**

5,000 square feet or less	\$155.00
5,001 to 10,000 square feet	\$250.00
10,001 square feet or more	\$400.00

*Re-Inspections (per incident)* \$155.00

**Newtown Township Police Department**

**\$10.00 Filing Fee**