

Township of Bristol
Department of License and Inspection
2501 Bath Road
Bristol, PA 19007
Phone: 215-785-3680 – Fax: 215-788-8541

COMMERCIAL USE AND OCCUPANCY APPLICATION

Business Name: _____ Phone: _____

Business Address to be Occupied: _____

Applicant Name: _____ Phone: _____

Street Address City State Zip Code

Property/Building Owner: _____ Phone: _____

Street Address City State Zip Code

Tax Parcel Number: 05-_____ Square Footage to be Occupied: _____

Present Use: _____

Intended Use: _____

General Description of Use: _____

The Township of Bristol enforced all of the International codes. All U&O applications shall include a copy of A SITE PLAN, showing the size and location of all existing structures on the site, distances from lot lines easements, etc. There shall also be a copy of a FLOOR PLAN, showing the specific structure, areas to be occupied, means of egress, exits, etc. The plans shall be drawn in such a manor to give a clear understanding as to what is being done.

All signs will require a sign permit prior to installation. Required permits for any work done in the structure shall be inspected prior to issuing of the U&O.

I hereby acknowledge that I have read this application that the information given is correct, and I am the owner or duly authorized to act in the owner's behalf, and hereby agree to comply with the applicable Township Codes.

Applicant's Signature Print Name Date

Permit # _____ Receipt # _____ Check # _____ Fee: _____
Cash Visa/MC/Discover

Comments: _____

THIS PAGE IS FOR OFFICIAL USE ONLY

ZONING APPROVAL

Zoning District: _____ Approved: _____ Rejected: _____

Zoning Officer: _____ Date: _____

Comments: _____

Any Outstanding AR : YES/NO Initial _____ Date: _____

PERMIT APPROVAL

Any Outstanding Permits: YES/NO If NO, Initial _____ Date: _____

If YES, list outstanding permit number(s) below:

Open Permit(s) Number	Bldg Date of Last Inspection	Elec Date of Last Inspection	Plmb Date of Last Inspection	Mech Date of Last Inspection	Sign Date of Last Inspection	Date of Final Inspection / Inspectors Initials

**ALL THE ABOVE SHALL BE ADDRESSED BY THE CODE ENFORCEMENT OFFICER PRIOR TO A
U&O INSPECTION**

U&O Final Inspection Approved:

Inspector's Signature

Date

Comments: _____



BRISTOL TOWNSHIP

Office of the Fire Marshal / Emergency Management

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

EMERGENCY CONTACT INFORMATION

(UPDATE ANNUALLY)

Business Name: _____

Business Address: _____
Street Suite # City State Zip

Mailing Address (if different): _____
Street Suite # City State Zip

Phone: () _____ - _____ Fax: () _____ - _____

E-Mail Address: _____ @ _____

Owners Name: _____

Owners Address: _____
Street Suite # City State Zip

Phone: () _____ - _____ Cell: () _____ - _____

Fax: () _____ - _____

E-Mail Address: _____ @ _____

Emergency Contacts / Key Holders (Nearest to Farthest):

1) Name: _____ Home Phone #: () _____ - _____

Daytime Phone #: () _____ - _____ Cell Phone #: () _____ - _____

2) Name: _____ Home Phone #: () _____ - _____

Daytime Phone #: () _____ - _____ Cell Phone #: () _____ - _____

3) Name: _____ Home Phone #: () _____ - _____

Daytime Phone #: () _____ - _____ Cell Phone #: () _____ - _____

On-Site Key Holder (if applicable) Name _____ Apt # _____

DO NOT WRITE BELOW THIS LINE

Faxed to Bucks County 9-1-1 center: _____
Date Name



BRISTOL TOWNSHIP

Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

FIRE PERMIT APPLICATION

Application Date: _____ Permit #: _____

Applicant Name: _____

Business Name: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Fax#: _____ Square Footage to be Occupied: _____

Type of business, work or special event/activity you are making application for: _____

Property Owner: _____ Phone #: _____

Property Owner's Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Previous business at this location (if applicable) _____

I hereby acknowledge that, I have read this application, that the information given is correct, and that I am the business owner, or duly authorized to act on the owner's behalf and hereby agree to comply with the application requirements, township fire code, and all other applicable codes, laws and ordinances. I understand that all work must be conducted, installed, and completed in an acceptable manner so as to secure the results intended by the appropriate Township Codes and manufactures specifications.

Signature of Applicant

Print Name

***** **DO NOT WRITE BELOW THIS LINE** *****

Use Group: _____ IFC Code Section: _____ Approved: _____ Disapproved: _____

Fire Marshal comments/requirements: _____

Fire Marshal

Date

Receipt #: _____

Check# _____ Cash: _____ Visa/Master Card

Office of the Fire Marshal Township of Bristol

Please circle any of the following that apply to your business:

Cellulose Nitrate (Pyroxylin) Plastics - Cellulose Nitrate Motion Picture Film
Fire Stand Pipes - Fire Suppression System (Dry Chemical CO₂, Sprinkler)
Detection Systems - Automatic Fire Detection Systems - Fire Pumps - Places
of Assembly - Airports - Dry Cleaning Plants - Dust Explosion Hazards -
Application of Flammable Finishes - HPM Facilities - Lumber Yards -
Oil and Gas Production - Organic Coatings - Tents and Air-Supported
Structures & Other Temporary Structures - Waste Materials and Junk
Yards - Welding or Cutting, Calcium Carbide & Acetylene Generators -
Container, and Cylinder Storage - Acetylene Generator-Cylinder Container
Storage - Hazardous Materials - Aerosol Products - Combustible
Fibers - Compressed Gases - Poisonous Gases - Corrosives -
Cryogenic Liquids - Explosives, Ammunition and Blasting Agents -
Fireworks - Flammable and Combustible Liquids - Flammable Solids -
Toxic Oxidizers - Toxic Flammable Solids - Toxic Corrosive Liquids
- Toxic Explosive Solids - Toxic Unstable or Explosive Chemicals -
Irritants Sensitizers and other Health Hazards - Organic Peroxides (10 lbs.
to 50 lbs.) - Organic Peroxides (51 lbs. or More) - Nitromethane (500 to
2,000 lbs.) - Organic Coatings - Liquid and Solid Oxidizers (500 lbs or
More) - Ammonium Nitrate, Ammonium Fertilizers - Fertilizer Mixture
to (1,000 lbs.) - Fertilizer Mixture (1,001 lbs. or More) - Pyrophoric
Materials - Radioactive Materials more than one (1) microcurie of radium
not in sealed source - More than one (1) millicurie of radium in sealed
source or other radio active material in a sealed source - Any amount of
radio active material requiring a specific license from the U.S. Atomic
Commission - Hazardous Material Tank Vehicles - Unstable (Reactive)
Materials Class 1, Class 2, Class 3, Class 4 -
Water Reactive Materials - Class 3 Water-Reactive 100 lbs of Solids -
Class 2 - Water Reactive 10 Gallons of Liquids.

FIRE STOPS WITH YOU!

EMPLOYER EARNED INCOME TAX REGISTRATION FORM



KEYSTONE
collections groupSM
546 WENDEL ROAD
IRWIN, PA 15642
(724) 978-0300

(PLEASE PRINT OR TYPE)

TO BE ANSWERED BY BUSINESS OWNERS AND/OR EMPLOYERS:

1. Name _____
Address _____
City _____ State _____ Zip Code _____
2. Federal EIN #: _____
3. Employment Location: _____
4. Business Telephone Number: _____
5. Correct Taxing Jurisdiction: (Name of Township or Borough where business is located)

6. Mailing Address where all forms are to be sent _____

7. Number of Employees _____ (Included both Full and Part-Time)

I hereby certify that all information and statement are true and correct.

Date _____ (Signature)

SPECIAL NOTICE

All businesses should notify the EARNED INCOME TAX OFFICE of any changes in address, ownership, etc., promptly, so that all records may be adjusted. If business is discontinued, please advise us within thirty days stating if same has been liquidated or sold. If sold, give name and address of new owner.

Township of Bristol
Department of License and Inspection

Please fill out the following:

Number of Coin Operated Machines: _____

Will the Business have a sign? YES/NO If YES, quantity of signs _____
Circle One

ALL SIGNS ARE REQUIRED TO HAVE A PERMIT PRIOR TO INSTALLATION

Has Sign Permit Application been made? YES/NO
Circle One

Office Use Only	
Sign Application was given to Applicant _____	_____
Date	Initials
If Applicant states no sign permit at this time _____	
Approximate Date of Sign Submittal	

SOLID WASTE DISPOSAL AND ACT 101 COMPLIANCE

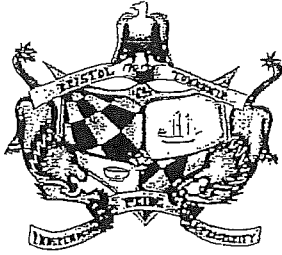
Name of Registered Hauler: _____ Phone#: _____

Address of Hauler: _____
Street
City
State
Zip

Do you recycle? YES/NO
Circle One

Name of Recycling Transporter: _____ Phone#: _____

Address of Recycling Transporter: _____
Street
City
State
Zip



Bristol Township

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 785-2131
PUBLIC NOTICE

COMMERCIAL, INDUSTRIAL, INSTITUTIONAL, AND MUNICIPAL ESTABLISHMENTS AND COMMUNITY ACTIVITY RECYCLING

Any "commercial establishment" including stores, markets, offices, restaurants, shopping centers and theaters; any "industrial establishment" engaged in manufacturing or production including factories, foundries, mills and processing plants; and any "institutional establishment" or facility engaged in services, including hospitals, nursing homes, schools and universities are required by law to recycle. All commercial, industrial, institutional, and municipal establishments shall separate recyclable material from municipal waste. These establishments shall recycle corrugated paper, office paper, and aluminum containers. These establishments shall establish, implement, and manage a program for recycling of recyclable materials generated at their properties. Recyclable material shall be collected as often by generated volumes and environmental conditions, but not less than once a month. These establishments are required to submit a recycling report at such time as the Township may deem appropriate.

"Community activity" are events sponsored by public or private agencies or individuals that include, but not limited to, fairs, bazaars, socials, picnics, carnivals, and organized sporting events attended by two hundred (200) or more individuals per day.

MULTI-FAMILY HOUSING PROPERTIES

All persons owning or managing multi-family housing properties shall establish, implement, and manage a program for the recycling of recyclable materials generated at their properties. All persons residing at multi-family housing properties shall separate recyclable material from municipal waste. Such recyclable materials include: glass bottle and jar containers; aluminum, steel and bi-metallic beverage and food cans; and newspapers. The owner or manager shall inform all persons residing at the multi-family housing property of the program, including the dates, times, and location of collection, the item to be recycled, and the method of collection. Such information shall be provided by the owner to all persons not less than once a year and to all new persons at the time of occupancy. Collection of recyclable shall be as often as required by generated volumes and environmental conditions, but not less than once a month. All multi-family housing properties are required to submit a recycling report at such time as the Township may deem appropriate.

All persons owning or managing multi-family residential properties, commercial, institutional, industrial establishments shall separate leaf waste from municipal waste for processing at a composting facility.

For more information on recycling contact the Township at 215-785-0501.