Township of Bristol Department of Building, Planning & Development 2501 Bath Road Bristol, PA 19007 215-785-3680 - Fax 215-788-8541

Use and Occupancy Application Multiple Family Dwelling

| | | (Please Print or T | ype) | | |
|------------------------|--|--|---|-------------------------|---------------|
| Property Address: | | | | Phone: | |
| | City | State | Zip Code | | |
| New Property Owner: | | | | Phone: | |
| Parcel Number: | 05- | Email Ao | ddress: | | |
| Present Use: | | ************************************** | | | |
| Intended Use: | | | | | |
| Number of Units: | | Number of Buildings: | | Occupied Sq. Ft.: | |
| Emergency Contact Pe | erson: | | | | |
| Address: | Marie and the second of the se | -1-73-1-74-7 | | | |
| | City | | State | | Zip Code |
| Phone Numbe | r: | | *************************************** | | |
| The Township of Brist | tol enforces all | the 2018 International Buil | ding Code. | | |
| Required permits for a | ny work done i | n the structure shall be ins | pected and fir | nal prior to issuing U& | &О. |
| | | d this application, and the lf, and hereby agree to con | | | |
| Date of Application:_ | | | | | |
| Applicant's Name: | | | | | |
| *********** | Sign | . * * * * * * * * * * * * * * * * * * * | | Print | ************* |
| | | | | _ | |
| Permit # | Receipt # | Check # | | Fee· | |

THIS PAGE IS FOR OFFICIAL USE ONLY

ZONING APPROVAL

| Zoning District: | | Approv | ed: | Re | | | |
|------------------------------|---------------------------------|---------------------------------------|------------------------------|------------------------------|------------------------------|---|--|
| Zoning Officer: | | | | | Date: | | |
| Comments: | | | | | | | |
| | | PERMIT | APPROVAL | | | | |
| Any Outstanding Permits: | Any Outstanding Permits: YES/NO | | If NO , Initial_ | | Date: | | |
| If YES, list outstanding per | mit number(s) l | 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 SHAI | LL BE ADDRI | ESSED BY T U&O IN | HE CODE EN | NFORCEMI | ENT OFFICE | CR PRIOR TO A | |
| U&O Final Inspection Ap | oproved: | | | M M M M M M M M M M | | | |
| Inspector's Signature | | | | | Date | | |
| Comments: | | | | | | | |



BRISTOL TOWNSHIP



Office of the Fire Marshal & Emergency Management

2501 Bath Rd., Bristol, PA 19007 (P) 267-812-2907

EMERGENCY CONTACT INFORMATION

(UPDATE ANNUALLY)

| Business name: | | | | | | | |
|---|-----------|---|-----------|----------|-------|-------|-----|
| Address (in Bristol Township): | | | | | | | |
| | Street | Suite# | | Town | | State | Zip |
| Mailing address (if different) | Street | Suite# | Town | | State | Zip | |
| Phone (| | Fax (| | | | | |
| Email address: | | | | | | | 6 |
| Business owner name: | | | ••• | | | | |
| address:Street | | Tow | | | | | |
| | | | | | ip | | |
| Phone (| Cell (| | - | Fax (|) | | |
| Email address: | | | | | | | |
| Emergency contacts / key hold | | | | | | | |
| 1) Name: | | | | | | | |
| Home Phone #() | | | |) | | - | |
| 2) Name: | | *************************************** | - | | | | |
| Home Phone #() | | | |) | | | |
| 3) Name: | | | | | | | |
| Home Phone #() | | Cell F | Phone #(_ |) | | | |
| O 624 - LL-13 - 76 - 32 - 3 | 1 | | | | | | |
| On-Site keyholder (if applicat | ole) Name | | | - imanos | | Apt # | ē. |
| · · · · · · · · · · · · · · · · · · · | I | Oo not write below | this line | | | | |
| Faxed to Bucks County 9-1-1 center: | | | | | | | |
| - mice to busine country 7-1-1 collidi. | Date | | Na | ıme | | | |

SOLID WASTE DISPOSAL AND ACT 101 COMPLIANCE

| Name of Registered Hauler: | | Phone#: | | | | |
|-----------------------------------|---------|---------|-----|--|--|--|
| Address of Hauler: | | | | | | |
| Street | City | State | Zip | | | |
| Name of Recycling Transporter: | | Phone#: | | | | |
| Address of Recycling Transporter: | | | | | | |
| Stree | et City | State | Zip | | | |



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION MANDATES BRISTOL TOWNSHIP COLLECT INSPECTION REPORTS FOR ALL SEWER CUSTOMERS AT SALE OF PROPERTY

PA DEP is requiring the Township to collect inspection reports for its sewer customers when a home or business with a sewer connection to the Township system is to be sold.

Specifically, customers are required to provide the Township with a video recording of their sewer lateral (connection pipe of the house/business to the public sewer system); the recording must be done by a plumber with a valid PA license. Additionally, the customer must provide an inspection report from the plumber stating that there are no connections from the house's/businesses' sump pump and down spouts.

These items must be filed with the Township and the property seller must obtain from the Township a sewer inspection certificate prior to the sale of the property. The goal is to reduce the amount of rain and storm water that infiltrates into the sanitary sewer system so that the sewage treatment plant in Croydon is not needlessly overburdened. Cracks and breaks in the sewer lateral allow for rain water to penetrate into the sewage treatment conveyance lines and introduce too much water into the system.

The Township believes that this inspection program will help it meet the requirements for the sewage treatment plant mandated by DEP.

BRISTOL TOWNSHIP

PROPERTY SALE SEWER INSPECTION

As required by the Pennsylvania Department of Environmental Protection, the owner must have the sewer lateral inspected by a licensed plumber, that is registered with the PA Office of Attorney General prior to the sale of a property. It is recommended that this process start once the property is listed for sale due to the time it will take for completion, but no later than once a property has an agreement of sale. The inspection must be completed before the property is transferred.

The plumber must video the lateral from the house to the inlet of the main to make sure there is no water infiltration or illegal hook-ups into the sanitary sewer system by a sump-pump.

The plumber will prepare a report stating what is found and, provide a copy of a video on CD or DVD that will be given to the Township.

If a house's lateral is found to be deficient, then a permit application must be submitted and approved prior to repairs being made. Repairs must be completed prior to the occupancy of the house since without a properly functioning lateral a house is not fit for human habitation. The transfer of the property may take place prior to repair with the Township of Bristol issuing a temporary certificate of occupancy.

Once the repairs are made the plumber must submit a report stating that all deficiencies have been remediated. At that point, the Township can issue a sewer certificate and a final certificate of occupancy for the house to occupied.

TOWNSHIP OF BRISTOL SUMP PUMP AND SEWER LATERAL INSPECTION APPLICATION TO BE SUBMITTED NO LATER THAN 30 DAYS PRIOR TO SCHEDULED SALE- SETTLEMENT OF PROPERTY

| PROPERTY LOCATION AND D | <u>PESCRIPTION</u> | |
|--|--|---|
| STREET NUMBER AND NAME | E : | |
| CITY, STATE, ZIP: | - Well in the second se | |
| DESCRIPTION OF PROPERTY: | | |
| TAX PARCEL NUMBER: 05- | | |
| Property Owners | | |
| Names: | | |
| Address | | |
| State: | Zip Code: | *************************************** |
| Phone Number: | | |
| Phone Number: | | |
| Forwarding Address (if different | ent): | |
| City: | State: | Zip Code: |
| Realtor/Agent | , | |
| Name: | | |
| Address: | | |
| Phone Number: | | |
| Proposed Use Of The Proper | ty | |
| Description: | | 770 % |
| I Authorize Bristol Township Property | To Perform Sump Pump & Sev | wer Lateral Inspections For The Sul |
| Signature: | | Date: |

BRISTOL TOWNSHIP

SEWER INSPECTION CERTIFICATE

| PROPERTY FOR SALE (completed by S | Seller) | , |
|--|---|-------------|
| Address: | , <u>PA</u> | |
| Tax Parcel Number <u>05-</u> - | | |
| SELLER: | Phone: | _ |
| Email: | - | |
| BUYER: | Phone: | _ |
| Email: | - | |
| SETTLEMENT DATE: | | |
| LATERAL TELEVISED INSPECTION (co | mpleted by Licensed Plumber) | |
| Inspection by LICENSED PLUMBER | * *** *** *** *** *** *** *** *** *** | Date |
| Company Name | PA LIC# | |
| Phone: | | |
| Passed | Failed | |
| (Details on failed inspection attached | d) | |
| · | the sewer lateral of the subject property to t iencies; there is no sump pump connected to | • |
| Signature of PLUMBER | Date | |
| APPROVAL BY SEWER INSPECTION O | FFICER (completed by Sewer Inspection Office | cer) |
| | PECTION RESULTS BY THE PLUMBER AND THI WER INSPECTION CERTIFICATE AS PER BRISTO | |
| Signature: | Date: | |

2501 Bath Road, Bristol, PA 19007

(215) 785-0500