

**UPPER DARBY TOWNSHIP**  
**NEW BUSINESS & TAKEOVER REQUIREMENTS**

**Name of Business** \_\_\_\_\_ **Address** \_\_\_\_\_

All persons that are starting up a new business in Upper Darby Township must complete the following tasks before commencing their business:

- Apply for use & occupancy certificates from the Department of Licenses & Inspection, Rm. 109 (phone # 610-734-7613.) A detailed floor plan will be required in most cases.
- Apply for the proper building permits when performing additions or renovations from the Department of Licenses & Inspection. Applicant must be aware that both the Department of Licenses & Inspection and the Fire Department (phone # 610-734-7673) will review plans for compliance.
- Apply for the proper sign permits when replacing or installing new signage from the Department of Licenses & Inspection.
- Apply for the proper business license from the Finance Department, Rm 103 (phone # 610-734-7618)
- Apply for a food license when the business sells or prepares food from the Department of Health, Rm. 306 (phone #: 610-734-7640). Food license application must include a detailed floor plan.

All applications will be reviewed by all applicable Township departments. If they comply with all applicable ordinances, the proper license, certificate and/or permit will be issued.

The applicant cannot occupy the business until all inspections have been made and an occupancy certificate is issued. The Department of Licenses & Inspection and the Fire Department will inspect all new businesses that open in the Township. The Health Department will inspect all businesses that sell or prepare food.

**This form must be signed by the Department of Licenses & Inspection and presented to the Departments listed above prior to any of the above applications being accepted for a new business.**

Permit Officer \_\_\_\_\_

Date \_\_\_\_\_

**UPPER DARBY TOWNSHIP**  
**NEW BUSINESS REQUIREMENTS**

The inspection for a new business will consist of the following, so please be prepared to show compliance in the following areas:

- **Exterior Property Maintenance-** the public curbing & sidewalk must be maintained in a safe condition, the exterior area of the property must be free from trash & debris(**it is the commercial property's responsibility to haul all trash from the property including required recycling**), proper trash receptacles must be provided, street numbers must be clearly visible, etc
- **Means of Egress-** the proper number of exits must be provided, doors must be in working condition and free from excessive locking devices from the egress side, stairs must be maintained in a safe condition and handrails provided, clear egress paths must be provided throughout the building, emergency lighting & exit signs may be required and any existing equipment must be operable, etc.
- **Fire Protection Systems-** all existing fire protection systems including but not limited to: sprinklers, automatic extinguishing systems, alarm systems, manual fire extinguishers, and wet or dry standpipes are required to be inspected, tested, and maintained by a qualified agency. **Documentation of these inspections tests and maintenance will be required to be provided to the Township.** In some cases it may be required that these systems be installed as a result of your new business.
- **Heating & Cooling Systems-** equipment must be maintained in a safe and working manner, equipment must be properly vented, adequate combustion air must be provided, and clearances to combustible materials must be maintained.
- **Plumbing Systems-** an adequate number of bathrooms and hand sinks must be provided and maintained in a working manner, additional sanitary facilities may be required by the Health Department, all sanitary drainage and supply piping for the system must be maintained free from cracks, leaks, etc.
- **Electrical Systems-** The electrical system must be maintained in a safe manner, open junction boxes, missing outlets in cutout boxes, frayed wiring, improper connections, exposed non-metallic sheathed wiring, damaged service panels or entrance conductors, etc. will be required to be addressed by a qualified master electrician. An adequate number of general use receptacles will also be required to discourage the use of extension cords. **Extension cords are only permitted to serve only one portable appliance and they may not be run through walls, floors, under doors etc.**
- **Interior Property Maintenance-** storage must be in a clean and organized manner, high piling of storage will not be permitted in most cases, penetrations, holes, etc. in building must be repaired, fire resistance ratings for doors, etc. must be maintained and possibly upgraded, adequate ventilation and lighting must be provided, and the property must be kept free from pests.
- **Other Departments-** A mercantile license is required to be obtained from the Finance Department in Rm.103. For further information that department can be reached at 610-734-7618. If your business sells or prepares food a license will be required from the Health Department Rm. 306. For further information that department can be reached at 610-734-7640.

I attest that I have read and understand the above stated requirements, and will comply with all applicable regulations prior to the opening of my new business.

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Signature of Applicant

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Date

Fee **\$50.00** Folio # 16-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Zoning District\_\_\_\_\_ Use #\_\_\_\_\_

**UPPER DARBY TOWNSHIP LICENSES AND INSPECTION**  
**APPLICATION FOR CERTIFICATE OF USE**

ADDRESS OF PROPOSED USE\_\_\_\_\_

OWNER OF BUILDING OR PROPERTY\_\_\_\_\_

OWNERS HOME ADDRESS\_\_\_\_\_PHONE\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

TENANT (IF APPLIES)\_\_\_\_\_HOME PHONE\_\_\_\_\_

TENANT'S HOME ADDRESS\_\_\_\_\_BUS. PHONE\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

DESCRIBE THE TYPE OF BUSINESS\_\_\_\_\_

WHAT WAS THE PREVIOUS USE?\_\_\_\_\_

WILL YOU BE WAREHOUSING ANY MATERIALS? YES [ ] NO [ ]

DOES THIS BUILDING HAVE RESIDENTIAL UNITS? YES [ ] NO [ ]

WILL YOU BE SELLING MERCHANDISE WHOLESALE? YES [ ] NO [ ]

WILL YOU BE SELLING MERCHANDISE RETAIL? YES [ ] NO [ ]

IF THE BUSINESS IS A RESTAURANT IS THERE SEATING FOR SIT DOWN MEALS? YES [ ] NO [ ]

IF THIS IS A BUSINESS THAT SELLS, SERVES OR PREPARES FOOD, DO YOU AGREE TO GET ALL NECESSARY LICENSES FROM THE TOWNSHIP HEALTH DEPARTMENT? (PHONE 734-7640) YES [ ] NO [ ]

WILL YOU BE DOING ANY RENOVATIONS? YES [ ] NO [ ] IF YES, EXPLAIN  
**(RENOVATIONS MAY BE REQUIRED FOR YOUR BUSINESS TO ACHIEVE CODE COMPLIANCE)**

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

DID YOU RECEIVE A VARIANCE FROM THE ZONING HEARING BOARD FOR THIS USE? YES [ ] NO [ ]

PLEASE LIST ANY ADDITIONAL INFORMATION THAT MAY BE PERTINENT TO THIS APPLICATION:

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

NAME OF APPLICANT (PLEASE PRINT) \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

ZONING APPLICATION # \_\_\_\_\_ OF \_\_\_\_\_ Occupancy Classification \_\_\_\_\_

ZONING APPROVAL DATE \_\_\_\_\_ Type of Construction \_\_\_\_\_

SENIOR PERMIT OFFICER \_\_\_\_\_ RECOMMENDATION \_\_\_\_\_

DIRECTOR, DEPARTMENT OF LICENSES AND INSPECTIONS \_\_\_\_\_ REVIEW DATE \_\_\_\_\_

Fee **\$50.00** Folio # 16-\_\_\_\_-\_\_\_\_-\_\_\_\_ Zoning District\_\_\_\_ USE #\_\_\_\_ OCCUPANCY #\_\_\_\_

**UPPER DARBY TOWNSHIP LICENSES AND INSPECTIONS**  
**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

NAME OF BUSINESS\_\_\_\_\_

NUMBER OF EMPLOYEES\_\_\_\_\_

IF THE BUSINESS IS A SIT DOWN RESTAURANT, WHAT IS THE SEATING CAPACITY? \_\_\_\_\_

WILL YOU BE USING A BASEMENT AREA? YES [ ] NO [ ]  IF YES, FOR WHAT? _____  WHAT IS THE FLOOR AREA (SQUARE FEET) _____  NUMBER OF EXITS _____  HOW MANY BATHROOMS ARE	WILL YOU BE USING A 1 <sup>ST</sup> FLOOR AREA? YES [ ] NO [ ]  IF YES, FOR WHAT? _____  WHAT IS THE FLOOR AREA (SQUARE FEET) _____  NUMBER OF EXITS _____  HOW MANY BATHROOMS ARE
WILL YOU BE USING A 2 <sup>ND</sup> FLOOR AREA? YES [ ] NO [ ]  IF YES, FOR WHAT? _____  WHAT IS THE FLOOR AREA (SQUARE FEET) _____  NUMBER OF EXITS _____  HOW MANY BATHROOMS ARE THERE	WILL YOU BE USING A 3 <sup>RD</sup> FLOOR AREA? YES [ ] NO [ ]  IF YES, FOR WHAT? _____  WHAT IS THE FLOOR AREA (SQUARE FEET) _____  NUMBER OF EXITS _____  HOW MANY BATHROOMS ARE THERE
WILL YOU BE USING OTHER AREAS? YES [ ] NO [ ]  IF YES, DESCRIBE _____  WHAT IS THE USE _____  WHAT IS THE FLOOR AREA (SQUARE FEET) _____  NUMBER OF EXITS _____  HOW MANY BATHROOMS ARE THERE _____	

IS THE BUILDING SPRINKLERED? YES [ ] NO [ ]  
IS THERE AN EXISTING FIRE ALARM? YES [ ] NO [ ]

WILL ANY EXISTING SIGNS BE CHANGED? YES [ ] NO [ ] ANY NEW SIGNS ERECTED? YES [ ] NO [ ]  
**(A SEPARATE PERMIT IS REQUIRED FOR CHANGES TO EXISTING SIGNS OR INSTALLATION OF NEW SIGNS)**

IF YES, TYPE OF SIGN \_\_\_\_\_

NAME OF APPLICANT (PLEASE PRINT) \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

Estimated Occupant Load \_\_\_\_\_

**UPPER DARBY TOWNSHIP POLICE AND FIRE DEPARTMENT**  
**BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

(EXACT ADDRESS NEEDED NOT INTERSECTION)

Business Telephone No. \_\_\_\_\_

Comments \_\_\_\_\_

**ALARM TYPES**

<b><u>Burglary</u></b>	Yes	<b><u>Holdup</u></b>	Yes	<b><u>Disturbance</u></b>	Yes	<b><u>Fire</u></b>	Yes
	No		No		No		No

If "Yes" pertains to any of the above, the following information is IMPORTANT.

Alarm Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

COMMENTS \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Cellphone/Pager No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Cellphone/Pager No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Cellphone/Pager No. \_\_\_\_\_