



Lower Macungie Township

3400 Brookside Road Macungie Pa. 18062

(610) 966-4343 - (610) 965-3654 FAX

permits@lowermac.com

Emergency Contact
Form on Next Page

Business Use/Occupancy Permit Application

Applicant shall submit a plan clearly drawn to scale and legibly labeled showing all areas of the property and/or space proposed for use and all other uses of the building along with parking configuration.

Name of Proposed Business _____

Property Address _____ Intended Date of Occupancy _____

Total Size of Building _____ Sq. Ft. Total Space to be Occupied _____ Sq. Ft.

Tenant/Lessee Name _____ Email _____

Address _____ Contact Person _____ Phone _____

Property Owner _____

Address _____ Phone _____ Email _____

Person Responsible For Facility _____ Email _____

Work Phone _____ Cell Phone _____

Description of Proposed Use _____

Days and Hours of Operation _____

Number of Employees Per Shift 1st _____ 2nd _____ 3rd _____

Number of Trucks per Day In _____ Out _____ Parked Overnight _____

Number of Parking Spaces Provided _____ Number of Loading Spaces Provided _____

Will this building use include any addition or alteration of the electrical or plumbing systems, altering or replacing the customer service counter, alteration or reconfiguration of the space to be occupied? _____ Yes _____ No

If yes, Building permits will be required, please contact the Permit Department for further information at permits@lowermac.com

Does the Use involve Handling or Manufacturing of Materials Requiring Special Consideration Yes No
(Please Include Material Safety Data Sheets for Each Material or Substance)

Former Occupant of Property/Building _____

Former Use of Property/Building _____

Size of Space Formerly Occupied _____ Sq. Ft. Date Former Use Terminated _____

Days and Hours of Operation (Former Occupant) _____

The undersigned does hereby certify that the above information is true and correct and that the operation of this use shall be in compliance with the requirements of the Zoning Ordinance. The tenant/lessee further acknowledges that the provision of false or incomplete information or violation of any of the requirements of the Zoning Ordinance and/or applicable Building, Plumbing, Mechanical, Electrical, Fire or Accessibility Codes can result in the revocation of any approval and/or the commencement of an enforcement action to abate such violation. This approval is not a substitute for a Certificate of Occupancy or Letter of Compliance to occupy the building, structure or land. A separate inspection and approval may be required prior to occupancy.

Signature of Property Owner _____ Date _____

Signature of Tenant/Lessee _____ Date _____

USE PERMITTED BY: _____ ZONING DISTRICT: _____
ZONING APPROVAL: _____ DATE: _____ USE/OCC. APPROVAL: _____ DATE: _____
BUSINESS USE FEE - \$75.00 BUSINESS USE/OCCUPANCY INSPECTION - \$175.00 PAID: _____



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EMERGENCY CONTACT FORM

Date _____

Company Name _____

Mailing Address _____

Physical Address _____

Phone _____ Email _____

Business Type _____

Owner(s) _____

EMERGENCY CONTACTS:

1st	_____	_____
Name	_____	Title
Home Phone	Cell Phone	Email Address

2ND	_____	_____
Name	_____	Title
Home Phone	Cell Phone	Email Address

3rd	_____	_____
Name	_____	Title
Home Phone	Cell Phone	Email Address

Rapid Entry Key Lock Box Requirements:

New contacts, lock changes, new doors, gates or panels – Property owner shall contact the Township Fire Inspector to update the keys and contact information at 610-966-4343 ext. 142 or fireinspections@lowermac.com

COMMERCIAL BUSINESS USE/OCCUPANCY INSPECTION CHECKLIST

1. Address must be displayed (4" tall number x ½" wide). Suite numbers shall be on each individual occupancy.
2. Parking lot areas shall have all spaces clearly striped and handicap parking areas shall be clearly marked, above grade signage in place and accessible path must exit to same.
3. All exit signs shall be illuminated on both normal power and battery backup power.
4. Tactile exit signage shall be at each exit (signage shall be 60" from the floor to the top of the sign.)
5. All exit doors shall be fully functional and easy to open.
6. Restrooms shall have proper signage at each restroom (signage shall be 60" from the floor to the top of the sign.)
7. All emergency lighting shall be operational and be "labeled" in the electrical panel box.
8. All fire extinguishers shall have current tags and be mounted and have signage indicating their locations (48" maximum mounting height.)
9. All electrical panel boxes shall have all breakers labeled and any open breakers shall have approved covers.
10. Electrical panel boxes, mechanical equipment, and water heaters shall have a clearance of 36" minimum (may be greater depending on equipment) with no obstructions and nothing shall be stored at any designated "Exit".
11. A key lock box is required on commercial buildings for emergency access purposes. Any questions regarding the key lock box can be directed to the Fire Inspector, please call 610-966-4343 Ext 142. Please know these boxes come from the manufacturer and may take 2-4 weeks for delivery, so plan accordingly.
12. Exterior maintained free from debris/trash, dumpster lids closed and properly maintained in a clean, safe, and sanitary condition including but not limited to high grass and weeds.
13. Damaged sidewalks should be repaired/replaced, accessible ramps shall be provided where necessary.
14. Site lighting in working order.
15. Sprinklered buildings must have current tags/certification.
16. Fire alarms shall have a letter submitted for certification that the system is fully operational.
17. Kitchen hoods must have current certification and tags.
18. Occupant load signage shall be posted in restaurants/assembly areas. (Contact Fire Inspector or Plan Designer).
19. FINAL INSPECTION- All merchandise, racks, shelving, etc. shall be in place. Business/structure shall comply with all requirements of the Lower Macungie Township Fire and Life Safety inspection program as described in LMT Ordinance, Chapter 7, Section 505.

PLEASE NOTE BUILDING PERMITS WILL BE REQUIRED FOR ANY OF THE FOLLOWING:

- Any new installation of, altering of, or replacing of the customer service counter.
- Removing or replacing wallboard.
- Any type of plumbing work including relocating or replacing sinks, toilets, etc.
- Any type of electrical work including relocating or replacing lighting fixtures, switches, receptacles, etc.
- Any type of alteration or reconfiguration of the space.

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