

HATFIELD TOWNSHIP

NON-RESIDENTIAL USE & OCCUPANCY PERMIT APPLICATION

A Certificate of Occupancy is required for all new construction, change of use, change of occupant (tenant changes), and resales of non-residential buildings/facilities within Hatfield Township. Separate applications are required for each tenant space.

PART I – Location of Property – Complete address including city, state and zip code must be provided on all applications.

PARTS II thru XI – Complete every section.

PART XII – Sign and date application. If property resident is not the owner of the property, a notarized statement indicating the owner's approval of the proposed construction must be submitted with the application. Provide phone numbers where property owner/resident and or Applicant may be reached on the day of the inspection.

SPECIFICATIONS

- Permit needs to be submitted prior to final construction inspection if new construction or tenant fit out.
- Someone (18 years of age or older) must be present at the time of inspection.
- Complete signed sewer permit by Hatfield Township Municipal Authority (see attached).
- Complete Police Emergency Contact list (see attached).
- For on-site septic systems, a certified inspection report within 2 years of application date must accompany this application.
- For new construction or tenant fit out, Certificate of Occupancy will not be issued until as built plans in .pdf format on one (1) CD is received.
- If an inspection fails twice for the same code violation, a reinspection fee will be required prior to a third inspection.

ADDITIONAL INFORMATION

FEES – Permit fees must be submitted with a completed permit application. If paying by check, please make check payable to “Hatfield Township”.

INSPECTIONS – Receipt of a Certificate of Occupancy is contingent upon the results of an inspection of the building/facility by the Building Code Official and/or Fire Marshal. Responsibility for notification for inspections lies with the owner or applicant.

HATFIELD TOWNSHIP

Non-Residential Use & Occupancy Permit Application

I - LOCATION OF PROPERTY

Address: _____ City: _____

State: _____ ZIP: _____ Suite #: _____ Occupancy Date: _____

Business/Tenant Name: _____

II - OWNERSHIP

Private Tenant Other _____

III - IDENTIFICATION – To be completed by all applicants

APPLICANT Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PRESENT Name: _____ Phone: _____

OWNER

Address: _____

City: _____ State: _____ Zip Code: _____

NEW Name: _____ Phone: _____

OWNER OR

TENANT

Address: _____

City: _____ State: _____ Zip Code: _____

IV - TYPE OF APPLICATION

New Construction Resale Tenant Change

V - TYPE OF SEWAGE DISPOSAL

Public (need Sewer Authority approval sheet) Private (septic tank)* Sewer Permit # _____

*** As per Ord. #608, a certified inspection report of the septic system by an approved inspector must accompany this application. The inspection report must not be more than 2 years old from the date of this application.**

VI - NUMBER OF EMPLOYEES DURING OPERATION

Number of operation days per week _____

Full Time Employees _____ Hours per week _____

Part Time Employees _____ Hours per week _____

Seasonal Employees _____ Hours per week _____

VII - TYPE OF WATER SUPPLY

Public Private (well)

VIII – PROPOSED OCCUPANCY TYPE

- Business/Medical Office Mercantile/Store (Low Hazzard)
- Restaurant/Bar Church/School Institutional Industrial/Factory Service Station/Repair Garage
- Storage Hotel/Motel/Apartment with 3 or more dwelling units (Moderate/High Hazzard)

Description _____

Please check all that apply to the proposed use of the building/facility including operations, use or storage:

- | | |
|---|--|
| <input type="checkbox"/> Aerosol Products | <input type="checkbox"/> Amusement Buildings |
| <input type="checkbox"/> Aviation Facilities | <input type="checkbox"/> Cellulose Nitrate Film |
| <input type="checkbox"/> Cellulose Nitrate (Pyroxylin) Plastic | <input type="checkbox"/> Clean room |
| <input type="checkbox"/> Combustible Dust-Producing Operations | <input type="checkbox"/> Combustible Fibers |
| <input type="checkbox"/> Commercial Cooking | <input type="checkbox"/> Compressed Gases |
| <input type="checkbox"/> Covered Mall Buildings | <input type="checkbox"/> Cryogenic Fluids |
| <input type="checkbox"/> Cutting and Welding | <input type="checkbox"/> Dry Cleaning Plant |
| <input type="checkbox"/> Explosives, Ammunition, Blasting Agents and Fire Works | <input type="checkbox"/> Flammable and Combustible Liquids |
| <input type="checkbox"/> Floor Finishing Operations | <input type="checkbox"/> Fruit and Crop Ripening Operations |
| <input type="checkbox"/> Fumigation or Thermal Insecticide Fogging | <input type="checkbox"/> Hazardous Materials (use, storage or handling) |
| <input type="checkbox"/> Hazardous Production Materials (HPM) Facilities | <input type="checkbox"/> High Pile Storage (>12 ft high) |
| <input type="checkbox"/> Hot Work Operations | <input type="checkbox"/> Hyperbaric Chamber |
| <input type="checkbox"/> Idle Pallets | <input type="checkbox"/> Incinerator |
| <input type="checkbox"/> Industrial Oven or Furnace Operations | <input type="checkbox"/> Laboratory Using Chemicals |
| <input type="checkbox"/> Linen Handling System | <input type="checkbox"/> Liquefied Petroleum Gases (LPG) |
| <input type="checkbox"/> Lumber Yards or Woodworking Facilities | <input type="checkbox"/> Magnesium Processing |
| <input type="checkbox"/> Miscellaneous Combustible Storage(> 2,500 ft2) | <input type="checkbox"/> Open Flames or Candles (place of assembly) |
| <input type="checkbox"/> Organic Coatings | <input type="checkbox"/> Places of Assembly (> 50 people) |
| <input type="checkbox"/> Power Plant | <input type="checkbox"/> Solvent Extraction |
| <input type="checkbox"/> Refrigeration Equipment | <input type="checkbox"/> Repair Garages and Motor Fuel Dispensing Facilities |

- Rooftop Heliports
- Storage of Scrape Tires and Tire By-products
- Waste Handling, Wrecking or Junk Yard
- Wood Products

- Spraying/Dipping with combustibles or flammables
- Tire Rebuilding Plants
- Water Cooling Tower

If any items above have been checked, contact the Hatfield Township Fire Marshal (215-855-0900) to discuss any special requirements or additional fire code operational permits that may be required.

IX – EXISTING FIRE PROTECTION SYSTEMS

- | | | | | | | |
|---|--|---|--|---------------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> Auto Sprinkler | <input type="checkbox"/> NFPA 13 | <input type="checkbox"/> NFPA 13R | <input type="checkbox"/> NFPA 13D | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clean Agent | Type: _____ | | | | | |
| <input type="checkbox"/> Commercial Hood | <input type="checkbox"/> Wet Chemical | <input type="checkbox"/> Sprinkler | Other: _____ | | | |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Pull Stations | <input type="checkbox"/> Horn/Strobe | <input type="checkbox"/> Addressable | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Fire Detection | <input type="checkbox"/> Smoke Detection | <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Fire Pump | GPM: _____ | | | | | |
| <input type="checkbox"/> Standpipe | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | # of hose outlets: _____ | | | |
| <input type="checkbox"/> Private Fire Hydrant | # of hydrants: _____ | | National Standard Thread is required. | | | |
| <input type="checkbox"/> Other _____ | _____ | | | | | |

X – KNOX BOX (Fire Department Key Box) Yes No

Note: Contact the Hatfield Township Fire Marshal’s Office for an order form if a Knox Box is not present.

XI - BUILDING DIMENSIONS

Number of Stories: _____ Square Feet-Building: _____ Square Feet-Tenant Space: _____

Square Feet-Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Number of Restrooms: Men _____ Women _____ Unisex _____

XII - SIGNATURE

Deposit of Check Representing the Fee for this Application does not Constitute Approval of or Granting of Same by Hatfield Township. I hereby certify that the proposed sale is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Hatfield Township.

SIGNATURE OF APPLICANT

DATE

INSPECTION CHECK LIST

The validity of the Certificate of Occupancy is contingent upon compliance with all Hatfield Township codes, ordinances and the Pennsylvania Uniform Construction Code. The property owner is responsible for compliance.

NON-RESIDENTIAL INSPECTIONS: Should any of the listed items below not be in compliance, a certificate will not be issued and a re-inspection will be required. After three re-inspections an additional fee may be required.

- Fire alarm and detection systems must be operational and proof of annual inspection and testing must be provided.
- Fire suppression systems must be operational and proof of semi-annual or annual inspection and testing must be provided.
- All fire extinguishers must be operational and the annual inspection tags must be attached to each extinguisher.
- A Knox Box (fire department key box) must be installed if the building has a fire alarm or sprinkler system. Contact the Fire Marshal for additional information.
- The attached Fire and Emergency Information Form must be completed and available at the inspection.
- All fire rated doors and assemblies must be operational and free of defects or damage.
- All required exit signs and emergency lighting must be provided and operational.
- The street number must be displayed on the building or sign and clearly visible from the street. Numbers must be a contrasting color from the background and a minimum of 6 inches high.
- Suite numbers must be displayed above the main entrance door and on the rear door(s) in any multi-tenant building. Contact the Fire Marshal for additional information.
- All electrical wiring and equipment must be operational and free of defects. Cover plates must be in place at all switches, outlets and junction boxes. Wire splices must be within approved junction boxes.
- All circuit breaker/fuse box(s) must be properly secured and free of openings. A cover plate, breaker or fuse must fill every opening.
- All interior wall surfaces must be free of openings or damage.
- All exterior walls, glazing and roof surfaces must be weather tight and free of openings or damage.
- Handrails and/or guardrails must be provided at all stairs, decks and walking surfaces > 30 inches above grade.
- All plumbing fixtures must be operational with appropriate signage in place.
- Hot water heater/boiler pressure relief valves must be provided and terminate within 6 inches of the floor.
- Functioning windows or operational mechanical exhaust fans must be provided in all bathrooms.
- Sump pump discharge must be to the exterior of the building and may not discharge into the sanitary sewer.

I HAVE READ THE ABOVE INFORMATION REGARDING INSPECTIONS:

SIGNATURE OF APPLICANT

DATE

HATFIELD TOWNSHIP FIRE MARSHAL / EMERGENCY MANAGEMENT

EMERGENCY CONTACT INFORMATION

Business Address _____ Suite # _____

City: _____ Zip: _____

Business Name _____

Business Phone Number(s) _____

Fax Number _____

Web Site and/or E-Mail _____

Name of Alarm Company _____ Phone Number _____

Primary Business Contact and 24-Hour Emergency Contact

1) Name _____

Home Address _____

Home Phone Number _____ Cell/Mobile Number _____

E-Mail _____

Secondary 24-Hour Emergency Contacts

2) Name _____

Home Phone Number _____ Cell/Mobile Number _____

3) Name _____

Home Phone Number _____ Cell/Mobile Number _____

Today's Date _____

All information provided is considered confidential and will be utilized by Hatfield Township officials in the event of emergency involving your business/facility. Please contact the Fire Marshal with any questions or changes.

Hatfield Township Fire Marshal
1950 School Road
Hatfield, PA 19440
215-855-0900
215-855-0243 (fax)

mwaldron@hatfield-township.org

Hatfield Township, 1950 School Road, Hatfield, PA 19440
215-855-0900 215-855-0243 FAX www.hatfield.org

01/2025

SCHEDULE OF FEES

Non-Residential Use & Occupancy Permit Fees

Use Groups as Follows Except One & Two Family Dwellings

Low Hazard Occupancy

(Business/Medical Offices, Mercantile Stores)

- 1 – 2,000 Square Feet \$110.00
- 2,001 – 5,000 Square Feet \$160.00
- 5,001 – 10,000 Square Feet \$210.00
- 10,000 – 100,000 Square Feet \$260.00
- 100,000 Square Feet or Greater \$310.00

Moderate / High Hazard Occupancy

(Restaurant/Bar, Church/School, Institutional, Industrial/Factory, Service Station/Repair Garage, Storage, Hotel/Motel/Apartment with 3 or more dwelling units)

- 1 – 2,000 Square Feet \$200.00
- 2,001 – 5,000 Square Feet \$250.00
- 5,001 – 10,000 Square Feet \$300.00
- 10,000 – 100,000 Square Feet \$400.00
- 100,000 Square Feet or Greater \$500.00

Re-Inspection Fees

The initial inspection, and a second re-inspection of a unit, is covered in the inspection fee. If necessary to meet compliance, a third re-inspection and all subsequent inspections to meet code compliance will be billed at a rate of \$125.00 per hour tracked at 15-minute intervals.

Attention Contractors

Lateral Inspection Camera Instructions for the CONTRACTOR

After receiving many pre-sales lateral inspection videos, it is apparent that specific instructions for video procedure is necessary. It is up to the contractor to read the instructions carefully and ask for clarification if needed. It is the contractor's responsibility to inspect the video in order to be compliant with HTMA's instructions. If the contractor does not follow protocol, it will be the responsibility of contractor to redo the inspection video – not the homeowner. Guidelines for how the video inspection are to be performed are as follows:

1. **THE CONTRACTOR IS RESPONSIBLE TO SUPPLY USB VIDEO AND REPORT TO PROPERTY OWNER, REAL ESTATE REPRESENTATIVE, OR DELIVER COMPLETED INSPECTION TO THE AUTHORITY.**
2. The camera equipment used shall be one specifically designed and constructed for such inspections. Equipment capable of adding notes or observations is preferred.
(NO CELL PHONE PICTURES OR RECORDINGS OF REPORTS OR VIDEOS WILL BE ACCEPTED)
3. Lighting shall be sufficient to provide clear illumination of the entire perimeter of the pipe for several feet ahead and video must be clear enough to recognize pipe material and/or defects.
4. The video shall show the area around the point of entry in order to confirm the location as well as a clear image of the cleanout or the sewer main at the end of the survey. **(SHOW HOUSE & NUMBER)**
5. Video shall be from the **building wall to the sewer main**. If for any reason you cannot finish the inspection, it will be given back for completion.
6. The camera shall be pushed or pulled in as nearly continuous a motion as practicable, without skipping any portions of pipe. It shall also be pushed or pulled no greater than **30 feet per minute and shall be stopped to observe features such as joints, defects, branch connections or irregularities of any kind and shall be slowly advanced back and forth as needed to provide as full a view of any features as possible.**
7. Digital recordings submitted to the Authority must be in MP4 format, legibly labeled with the time, date, and address of the recorded session accompanied by the **Completed** Sanitary Sewer Lateral Inspection Report (more information is better than an incomplete report).

Note: ORD # 696, 244-49 (7) Permits video inspection oversight by the Township or Authority.

Failure to follow this instruction may and will be cause for video failure. Any questions, please call our office during normal business hours at 215-822-9300.

By signing below, you are acknowledging that you have read and understand the instructions and if you have any questions about the video procedure, you have contacted the Authority for answers.

Contractor Signature: _____ Date: _____

Hatfield Township

MUNICIPAL AUTHORITY

Ralph Harvey, *Chairman*
Donald Atkiss, *Vice Chairman*
George Landis, *Asst. Secretary*
Barry Wert, *Secretary/Asst. Treasurer*
Charles Sibel, *Treasurer*

GHD Inc ~ *Engineer*

Hamburg, Rubin, Mullin,
Maxwell & Lupin ~ *Solicitor*

Answer all questions that pertain to your business. Write n/a for those questions that do not pertain to your business. This form should be returned to Hatfield Township Municipal Authority at 3200 Advance Lane, Colmar PA 18915.

Name of Business _____

Location Address _____

Contact Person _____

Phone Number _____

Email Address _____

Describe the Business (PLEASE BE SPECIFIC) _____

Hours of Operation _____

Number of employees working 20 or more hours per week _____

Number of employees working less than 20 hours per week _____

Do you have public water? _____

Do you have your own well? _____

In addition to sanitary sewage, does your business have any process wastewater? Yes No

Process wastewater is any wastewater, other than normal sanitary sewage from sinks, toilets, or showers, that is part of your business activity and is discharged into the sanitary sewer system. Examples of process wastewater include, but are not limited to: equipment washdown water; cooling water; floor wash water; flood processing waste, etc.

Please describe the wastewater process:

If a restaurant, number of seats _____

If restaurant has a banquet room, number of seats _____

If automotive repair, garage, or station, is there floor drains Y/N _____

If automotive repair, garage or station, number of detail bays _____

If barber or beauty shop, number of chairs _____

If barber or beauty shop, is it attached to or in your residence _____

If nail salon number of chairs _____ number of pedicure chairs _____

If laundromat, number of washers _____

If dry cleaner, number of washers _____

If nursing home, number of beds _____

If day care, average number of children per day _____

If school, public or private, number of pupils _____

If school, public or private, number of teachers and administrators _____

If school, is there a kitchen _____

If school, is there a commercial garbage disposal _____

If hotel, motel or rooming house, number of rental rooms _____

If apartment house, number units _____

If trailer/mobile home park, number of trailers/mobile homes:

Permanent _____

Transient _____

Person completing this form: _____

"I certify under penalty of law that this document and any/all attachments was prepared under my direction or supervisor in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Authorized Signature _____

Title _____

Date Signed _____

SEWER LATERAL QUESTIONNAIRE & FAQ SHEET

****Questionnaire must be completely filled out and submitted with an in-line DVD/Flash Drive video****

1. Is the property being sold?

Yes No

2. Is there an existing clean-out in the street right-of-way?

Yes No 6" or 4" _____

3. Is there a clean-out within 6 feet of the building?

Yes No

4. Is there an existing back-flow prevention device? (Back Water Valve)

Yes No

5. Does the sewer lateral cross property lines? If yes, please provide a detailed diagram

Yes No

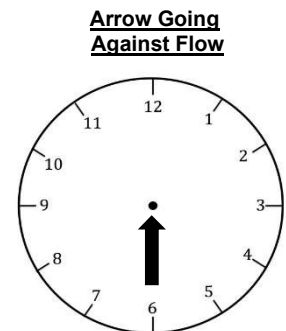
6. Does the sewer lateral connect with the lateral serving the neighboring property? If so, provide a diagram.

Yes No

7. Does the sewer lateral Tee or 90 into the sanitary sewer main?

Yes No

8. Using the standard clock positioning, where does the lateral clock in going against flow? _____



FAQ's

1. The in-line video must be completed from the building to the sewer main.
2. The in-line video must be in flash drive format or USB.

NOTE : No Internet or Emailed videos or reports will be Accepted.

3. HTMA will contact the Township with the findings of the in-line video inspection.
4. HTMA requires a minimum of one-week review period from the time the in-line video is received.

Hatfield Township

MUNICIPAL AUTHORITY

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Donald Atkiss, *Vice Chairman*
George Landis, *Asst. Secretary*
Barry Wert, *Secretary / Asst. Treasurer*
Charles Sibel, *Treasurer*

GHD Inc ~ *Engineer*

Hamburg, Rubin, Mullin,
Maxwell & Lupin ~ *Solicitor*

All fees, requirements and conditions of the Hatfield Township
Municipal Authority have been met in regard to the Use & Occupancy
Permit Application.

Signature of HTMA Rep.

Sewer Connection Permit No.

Date

NOTE: THIS SHEET MUST BE SIGNED BY HATFIELD TOWNSHIP MUNICIPAL AUTHORITY AT THE ADDRESS BELOW before submitting complete application to Hatfield Township unless property is served by a private sewage system. If served by a private system, please indicate below.

Private System