

DUBLIN BOROUGH

119 Maple Avenue

Dublin, PA 18917

www.dublinborough.org

NEW BUSINESS PERMIT PROCEDURES

PERMITS REQUIRED: It shall be unlawful to erect, construct, reconstruct, enlarge, alter, move, demolish, use, occupy or change in use, any building, structure or sign, in the Borough of Dublin, until a Zoning, Building Permit and a Use and Occupancy Permit has been obtained.

PROCEDURE: Complete all applicable permit applications:

- Zoning Commercial Use and Occupancy Application: Make sure to include a full description of the business
- Non-Residential Moving Permit
- Business Emergency Form



DUBLIN BOROUGH

119 Maple Avenue,
Dublin PA 18917
Phone: (215) 249-3310
www.dublinborough.org

OFFICIAL USE ONLY	
Date Rec.	_____
App Fee Paid:	_____
Check #:	_____
Receipt #:	_____

Permit #: _____

ZONING COMMERCIAL USE AND OCCUPANY APPLICATION

Required to be issued at time of resale or change in occupancy of a leased and/or rented commercial property

Site Information

TMP# 10- _____ Date of Occupancy: _____

Applicant: _____

Site Address: _____

Zoning District (circle one):

R-1	R-2	TC-2	TC-2	IP	IND	PVD
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Property Owner's Name: _____

Phone: _____ E-mail: _____

Business Name: _____

Business Owner's Name (if different from above): _____

Phone: _____ E-mail: _____

Company website: _____

In the space below, please write a statement regarding the type of business that will operate at the property and the type of business activities that will occur:

By signing this form, the applicant is certifying that he/she is empowered by the owner of the subject property to make application on his/her behalf. The applicant also gives Dublin Borough permission to access the property for all necessary inspections.

Print Name of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

APPLICATION MUST BE COMPLETED IN FULL TO BE ACCEPTED / REVIEWED BY THE BOROUGH

REQUIRED OCCUPANCY INSPECTION

The owner/agent shall contact Boucher & James at #215-345-9400 at least 72 hours in advance to schedule their occupancy inspection. Please plan accordingly to make sure you are in compliance with the checklist below to avoid the need for re-inspection.

TO BE COMPLETED BY BOROUGH OFFICIAL
Zoning Permit #: _____
Address of Property: _____
Date of Inspection: _____ Passed _____ Failed _____
Date of Re-Inspection: _____ Passed _____ Failed _____
Use of Property: _____ Conforming _____ Non-Conforming _____
Yes [] No [] Smoke Detectors are installed and operating on every story including basement.
Yes [] No [] Locks on means of egress doors are readily able to be opened from the inside without need for keys, special knowledge, or effort.
Yes [] No [] Every window, door and frame is in sound condition, good repair and weather tight.
Yes [] No [] The fire resistance rating of floors, walls, ceilings, and other elements and components including fire doors and smoke barriers are maintained.
Yes [] No [] All exterior sidewalks, walkways, stairs, driveways, parking spaces and similar areas are in a proper state of repair.
Yes [] No [] All interior stairs and railings are maintained in sound condition and good repair.
Yes [] No [] Every exterior and interior flight of stairs having more than four (4) risers, and every open portion of a stair, landing or balcony more than 30 inches above the grade or floor has handrails and/or guards (maximum four inch (4") opening between balusters).
Yes [] No [] The electrical system including service, fusing, circuit breakers, outlets, and wiring has no visible or obvious defects which constitute a hazard to the occupant(s). Working exhaust fan in bathroom, not having an operable window.
Yes [] No [] If a sump pump is present, it has been properly installed and maintained in a safe and approved manner (shall not be connected to public sewer).
Yes [] No [] Temperature/pressure relief valve for hot water heater has discharge pipe properly installed (extends no more than six inches (6") off floor without any reduction in pipe diameter).
Yes [] No [] Street Address must be legible and displayed in at least three inches height characters and shall be of such color and material as to be visible from the street, Per Ordinance 263.
Yes [] No [] Emergency Lights/Illuminated Exit Signs the means of egress, including the exit discharge shall be illuminated at all times.

Comments: _____

Inspected By: _____

Date: _____

Re-Inspected By: _____

Date: _____

Borough of Dublin

119 Maple Avenue
Dublin, PA 18917
(215) 249-3310 Fax (215) 249-9875

Official Use Only

Date Rec. _____

Date Paid: _____

Check # _____

Reviewed By: _____

Issue Date: _____

NON- RESIDENTIAL MOVING PERMIT

TMP No. 10- _____

Zoning Permit # _____

PERMIT REQUIRED BY DUBLIN BOROUGH ORDINANCE NO. 147. ADOPTED **MARCH 5, 1984**. ANY PERSON(S), FIRMS OR CORPORATION WHO FAILS TO OBTAIN A MOVING PERMIT OR WHO FURNISHES FALSE OR MISLEADING INFORMATION SHALL UPON SUMMARY CONVICTION BEFORE A DISTRICT JUSTICE BE SENTENCED TO PAY A FINE NOT EXCEEDING TWO HUNDRED (\$1000.00) DOLLARS OR UNDERGO IMPRISONMENT NOT EXCEEDING TEN DAYS OR BOTH.

Trade or Corporate Name _____	Date of Occupancy _____
Address of Premises to be Occupied _____	Mailing Address (if Different) _____
_____	_____
Phone Number _____	Email _____

Type of Business or Industry _____	Number of Employees: _____
Total gross floor area to be used: _____	Number of Parking Spaces: _____

Property Owner _____
Mailing Address of Owner _____

Phone Number: _____

Individuals Having Financial Interest in Business:				
Name	Address	Phone #	Make/Model of Vehicles	License Plate#

Moving From:(if applicable) _____	Mover: _____

"I certify that the foregoing information is true and correct in all respects"

Permit Issue Date

Applicant

Borough Employee

Date



Dublin Borough Police Department

119 Maple Avenue Dublin, Pennsylvania 18917
Voice: 215-249-0272 Fax: 215-249-0857
www.dublinborough.org
Michael Regan
Chief of Police



Business Emergency Contact Information

The following information is requested by the Dublin Borough Police Department in the event that an emergency would occur at your business. This information is confidential, and is the only way the police are able to make notifications during an emergency. It will not be released, or used for any other reason than its intended purpose. If you change emergency contacts for your business please notify the police department so we can better serve you.

Business Name: _____ **Telephone No.** _____

Street address, including any P.O. Box number of your business:

Owners name: _____ **Contact number:** _____

Normal operating hours? _____

Does your business have an alarm system: Yes ___ **No** ___ **Is it an audible: Yes** ___ **No** ___

What type: (check all that apply) Burglary ___ **Panic** ___ **Smoke** ___ **Fire** ___

Alarm Co. Name: _____ **Telephone No.** _____

Does your business have video surveillance? Yes ___ **No** ___

Please provide a list of persons to be contacted in the event of an alarm or emergency. List them in the order that you would like them contacted.

NAME

Telephone number(s)

1) _____

2) _____

3) _____