

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
- Commercial Occupancy Inspection Required
- 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 OCCUPANCY 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-1	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: _____

Have you been issued a Commercial Use & Occupancy Permit for the same business, at this location in the past? _____

Proposed Use: _____ Previous Use / Tenant of the Property: _____

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:

Total Gross Floor Area: _____ sq. ft. Number of Off-Street Parking Spaces Provided: _____

Total Gross Floor Area Used for Servicing Customers: _____ sq. ft.

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 Barry Isett & Associates, Inc., the Borough's Third Party Building Inspector, at (610) 723-7719 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: _____

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

Borough of Dublin

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

NON- RESIDENTIAL MOVING PERMIT

Official Use Only

Date Rec. _____
Date Paid: _____
Check # _____
Reviewed By: _____
Issue Date: _____

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 _____ Address of Premises to be Occupied _____ _____ _____ Phone Number _____	Date of Occupancy _____ Mailing Address (if Different) _____ _____ _____ Email _____
Type of Business or Industry _____	
Total gross floor area to be used: _____	
Number of Employees: _____	
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: _____ _____ _____
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"I certify that the foregoing information is true and correct in all respects"

Applicant _____ Date _____

Permit Issue Date _____

Borough Employee _____



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) _____