

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY
BUSINESS U&O APPLICATION**

Please submit application as soon as possible for sufficient processing time.

Contact Name: _____ Phone#: _____

Email Address: _____

The U&O inspection process will consist of the following:

1. Address numbers min. 3" in height with a contrasting background must be visible.
2. Smoke alarms are required in a common area of each level and in each sleeping room.
3. Carbon monoxide alarms are required in the vicinity of sleeping rooms.
4. Curbs and sidewalks must be maintained in acceptable condition.
5. Pressure relief valves for water heaters and boilers must be piped to within 6" of grade.
6. Stair flights with 4 or more risers must have a handrail.
7. Walking surfaces >30" above adjacent grade must have guardrails.
8. All fire sprinkler and alarm systems must be inspected, maintained, and certified as required by the IFC.
9. All required means of egress must be in good working order.
10. Exit signs are required for spaces that required more than 1 exit.
11. A 2A portable fire extinguisher in operable condition is required on each level.
12. A 10B portable fire extinguisher is required in commercial kitchens.
13. Any open permits on the property must be closed.
14. There may not be any active violations on the property.

Property History Survey Please answer the following questions:

1. Is there a fire sprinkler system at this property? _____
2. Is there a fire alarm at this property ? _____ Automatic _____ Manual _____
3. Are there residential units at this property? _____ How Many? _____
4. What is the current use of this property _____
5. What is the proposed use of this property _____
6. Is this property currently occupied? _____

Applicant's Signature _____ Date _____

By signing this form I certify that I have read and understand the inspection process, and that all information provide is accurate to the best of my knowledge.

**AFTER SUBMITTING APPLICATION AND PAYMENT TO UPPER PROVIDENCE TOWNSHIP
CALL LINN ARCHITECTS TO SCHEDULE THE INSPECTION 610-566-7044**

**If the inspection fails, a re-inspection will be required and must be paid for prior to the re-inspection
***** Allow up to 5 business days AFTER inspection for complete processing *******

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Projected Opening Date: _____

Address of Property: _____

Current Property Owner Name(s): _____

Phone #: _____ Email: _____

Property Owner Current Address: _____

Tenant Name(s): _____

Phone #: _____ Email: _____

Tenant(s) Current Address: _____



OFFICE USE ONLY

Application Date _____ Fee Paid _____ Check # _____ Rec'd by: _____

Inspection Date _____ PASSED _____ FAILED _____ Rec'd from: _____

Re-inspection Application Date _____ Fee Paid _____ Check # _____ Rec'd by: _____

Re-Inspection Date _____ PASSED _____ FAILED _____ Rec'd from: _____

Approved By: _____