



**Tredyffrin Township**  
1100 DuPortail Road • Berwyn, PA 19312  
610-644-1400 Fax 610-699-1213 www.tredyffrin.org  
**Use and Occupancy Permit Application**

Appl. #: \_\_\_\_\_  
Date: \_\_\_\_\_

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- **Complete and sign application form**
  - **Include associated application fee**
  - **“Even if no changes were made to the site an Architects Signature is required”**
  - **“Occupancy is prohibited without Inspection or Prior Township Authorization”**

A use and occupancy permit is required for all new construction and for changes in occupancy of commercial properties. Proposed commercial occupancies not including alterations only require the following verified by the architect of record.

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**APPLICANT AND PROPERTY INFORMATION:**

Applicant \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Fax: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

**Proposed Tenant Company Name** \_\_\_\_\_

**Address of property to be occupied, including:**

Address \_\_\_\_\_  
Building/Floor / Suite/Store No. \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Name and mailing address of property owner:**

Owner \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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“As is occupancies” shall be required to provide elements along an accessible route compliant per ICC/ANCI - A117.1

**USE OF PROPERTY:**

Use of property( i.e. Dental, Legal, Retail, Single Family Home, etc.)

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Any variances, special exceptions or conditional uses previously granted? Please list.

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Please provide a brief description of the space to be used as it relates to your day to day operations:

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**NEW CONSTRUCTION OR CHANGE IN USE(to be completed by builder)**

Water supply: If a well is used, provide the Chester County Health Department permit #: \_\_\_\_\_

Sewage: If public sewer, Township permit #: \_\_\_\_\_

Number of Equivalent Dwelling Units (EDUs): \_\_\_\_\_

If on-site, provide the Chester County Health Department permit #: \_\_\_\_\_

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**BUILDING DISCRPTION (To be completed by Architect of Record if not accompanied by plans)**

Will the proposed use occupy the entire building? \_\_\_\_ Yes \_\_\_\_ No,

If Yes, Total Building Area: (square feet) \_\_\_\_\_, Maximum Occupant Load: \_\_\_\_\_

Proposed Tenant Floor Area: (square feet) \_\_\_\_\_, Maximum Occupant Load: \_\_\_\_\_

Building Type Construction: (per ICC / IBC) \_\_\_\_\_

Building Use: (per ICC / IBC) \_\_\_\_\_, Mixed Use: \_\_\_\_ Yes \_\_\_\_ No

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**CERTIFICATION: The above statements are true and correct.  
(Signature and Seal required by architect if there are no plans)**

\_\_\_\_\_  
Applicant's Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Architect's Print Name

Seal:

\_\_\_\_\_  
Architect's Signature