### TOWNSHIP OF DARBY LICENSE & INSPECTIONS DEPARTMENT 21 BARTRAM AVENUE, GLENOLDEN, PA 19036 PHONE (610) 586-1514 FAX (610) 586-0779

#### www.darbytwp.org

### <u>USE AND OCCUPANCY – COMMERCIAL AND LIGHT INDUSTRIAL APPLICATION AND CHECKLIST</u> *Please Print Legibly*

| Date:                     |                                                    |                   | Commercial:         | Light Industrial: |
|---------------------------|----------------------------------------------------|-------------------|---------------------|-------------------|
| Business Name:            |                                                    |                   |                     |                   |
| Owner Name:               |                                                    | _Address:         |                     |                   |
| City:                     | State:                                             |                   | Zip Code            | e:                |
| Office Phone:             | Cell:                                              |                   | Email:              |                   |
| Intended Use: Office:\    | Warehouse: Other (                                 | explain):         |                     |                   |
| Building Name:            |                                                    | _ Bay Number:     | Move in             | Date:             |
| Address:                  |                                                    |                   |                     |                   |
| City:                     | State:                                             |                   | _Zip Code:          |                   |
| Tenant Business Name:     |                                                    | _ Square Footage: |                     |                   |
| Contact Person:           |                                                    | Office P          | hone:               |                   |
| Cell:                     | Email:                                             |                   | # of Employees:     |                   |
| Number of Restrooms:      | Trash Collector:                                   |                   | _ # of Containers:_ |                   |
|                           | aspection is required wit<br>ACT TOWNSHIP OFFICE 1 |                   |                     |                   |
|                           | OFF                                                | FICE USE ONLY     |                     |                   |
| Code Enforcement Officer: |                                                    |                   | _Approved:          | Rejected:         |
| Date:F                    | Permit Number:                                     | Folio#:           |                     |                   |
| Signature of Owner:       |                                                    | _Agent/Manager:   |                     |                   |
| Agent/Manager Address:    |                                                    |                   |                     |                   |
| Phone:                    | Cell:                                              |                   | _Email:             |                   |

This Application must be accompanied by a check or money order payable to the Township of Darby in the amount of \$175.00 dollars. A no show fee will be assessed at \$100.00; and a reinspection fee of \$100.00 will be required. Failure to obtain a permit prior to occupancy results in double fees.

**Revised January 2021** 

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### <u>USE AND OCCUPANCY – COMMERCIAL AND LIGHT INDUSTRIAL APPLICATION AND CHECKLIST</u> *Please Print Legibly*

| Date:                 |            | Time of Inspection: |  |
|-----------------------|------------|---------------------|--|
| Name of Business:     |            | Address:            |  |
| City:                 | State:     | Zip:                |  |
| Building/Bay/ Apartme | nt Number: |                     |  |

#### **Exterior Grounds:**

| Debris:        | Dumpster with lie | ds: Tr     | ash cans with lids: | Accessory | structures: |
|----------------|-------------------|------------|---------------------|-----------|-------------|
| Pipes/other of | openings Rodent ( | proof:     | Cement sidewalks:   | Fences:   | Paint:      |
| Downspouts     | : Steps:          | Handrails: | Grass cut:          | _ Curbs:  | _ Other:    |

### **Interior Common Area – Apartments:**

| Self-closing interior doors: | Self-locking doors each floor | r: Hallway Lighting: |
|------------------------------|-------------------------------|----------------------|
| Housekeeping of hallways:    | _ Mounted Fire extinguishers  | : Handrails:         |
| Exit lights: Paint on walls  | and ceilings: Leaks on        | walls or ceilings:   |
| Steps and stair treads: Ev   | vidence of infestation:       | Other:               |

#### **Accessory Areas:**

| Fire Extinguishe                                                                    | rs: Blue lights at extinguishers:Exterior self-closing doors: |  |  |  |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|--|
| Exterior doors with locking devices no more than ½ inch between door and threshold: |                                                               |  |  |  |
| Hallways clean and proper lighting: Steps condition and lighting: Treads:           |                                                               |  |  |  |
| Leaks - walls or                                                                    | ceilings: Paint flaking or missing tiles: Rodents or insects: |  |  |  |
| Exit signs:                                                                         | Elevator cleanliness: Storage room: Washer/Dryer room:        |  |  |  |
| Boiler room:                                                                        | Basement/cellar-concrete:                                     |  |  |  |
| Windows at or near ground level rodent proof: Other:                                |                                                               |  |  |  |

### STATUS CODING: <u>"S"</u> SATISFACTORY <u>"N"</u> NOT SATISFACTORY

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| Date:                   | Time of Inspection:<br>Address: |          |       |
|-------------------------|---------------------------------|----------|-------|
| Name of Business:       |                                 | Address: |       |
| City:                   | State:                          | Zip:     |       |
| Building/Bay/ Apartment |                                 |          |       |
|                         |                                 |          |       |
| Comments for Other:     |                                 |          |       |
|                         |                                 |          |       |
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|                         |                                 |          |       |
|                         |                                 |          |       |
| INSPECTOR SIGNATURE:    |                                 |          | DATE: |
| INSPECTOR PRINT:        |                                 |          |       |