

**BRISTOL BOROUGH**  
**250 Pond Street**  
**Bristol, Pa 19007**

**Office: (215) 785-4501**  
**Fax: (215) 788-5366**

FEE: \_\_\_\_\_

**APPLICATION FOR COMMERCIAL SALE USE AND OCCUPANCY**

**APPLICATION MUST BE FILLED OUT COMPLETELY**

**AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**FAX#** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**BUILDING ADDRESS:** \_\_\_\_\_

**SQUARE FOOTAGE:** \_\_\_\_\_

**SETTLEMENT DATE:** \_\_\_\_\_

**SELLER INFORMATION:**

**SELLER NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**BUYER INFORMATION:**

**BUYERS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**COMMERCIAL USE:** \_\_\_\_\_  
\_\_\_\_\_

**ZONING APPROVED:** YES or NO

\_\_\_\_\_  
Signature and date

**NOTE:** SECRETARY WILL CALL AND SCHEDULE DATE AND TIME OF INSPECTION—ALLOW 5 TO 10 BUSINESS DAYS--ALLOW ½ HOUR WINDOW—NO EMERGENCY INSPECTIONS. ORIGINALS OF HEATER, CHIMNEY AND ELECTRICAL CERTIFICATIONS REQUIRED BEFORE ISSUANCE OF OCCUPANCY PERMIT. ALSO, FILL OUT FIRE INSPECTION APPLICATION.

**BRISTOL BOROUGH**

**Department of License & Inspections**

**Fire Prevention Permit Application**

250 Pond Street, Bristol, Pa 19007

Phone 215-788-3828

Fax 215-788-5366

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Owner's E-Mail \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of Use Group: \_\_\_\_\_

Date of Occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_ Square Foot: \_\_\_\_\_

Comments: (Please note a brief description of intended use and submit **MSDS** if chemicals are being used or stored).

\_\_\_\_\_  
\_\_\_\_\_

I understand that all statements are true.

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature / Owner's Name (Print)

**Do Not Write Below this Line**

Permit Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BRISTOL BOROUGH BUSINESS ESTABLISHMENT FORM**

250 Pond Street, Bristol, Pa 19007

Phone 215-788-3828

Fax 215-788-5366

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

INTENDED USE OF PROPERTY: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

BUSINESS MANAGER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

.....  
ALARM COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

BOARD OF HEALTH #: \_\_\_\_\_

RESTAURANT LIQUOR LICENSE # \_\_\_\_\_

.....  
**EMERGENCY INFORMATION (PLACE NAMES IN PRIORITY ORDER OTHER THAN MANAGER'S NAME)**

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ HOME/CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

.....  
PROPERTY OWNER'S NAME: \_\_\_\_\_ HOME/CELL PHONE #: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OTHER EMERGENCY INFORMATION THAT SHOULD BE ON FILE PLEASE USE OTHER SIDE.

**OFFICE USE ONLY.**

Faxed to Bucks County Department of Emergency Communications/ 911 Center: \_\_\_\_\_

Date

