



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

Appl. #: \_\_\_\_\_  
 Rec. #: \_\_\_\_\_  
 Amt. \$: \_\_\_\_\_  
 Date: \_\_\_\_\_

- **Complete and sign application form**
- **Include associated application fee**

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.

**APPLICANT AND PROPERTY INFORMATION:**

_____
Applicant
_____
Address
_____
City/State/Zip

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address of property to be occupied, including:

_____
Address
_____
Building/Floor / Suite/Store No.
_____
City/State/Zip

**Tax Parcel Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

Name and mailing address of property owner:

_____
Owner
_____
Address
_____
City/State/Zip

**E-mail:** \_\_\_\_\_

“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 (Example: Dental, Legal, Retail etc.) \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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**BUILDING DISCRIPTION** (To be completed by Architect of Record)

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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**NEW CONSTRUCTION**

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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**CERTIFICATION: The above statements are true and correct.**

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

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

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

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

\_\_\_\_\_  
Seal:

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