



Borough of Ambler
131 Rosemary Avenue
Ambler, PA 19002
Phone: 215-646-1000 ext. 112– Fax: 215-641-1355

COMMERCIAL USE AND OCCUPANCY APPLICATION

Business Name: _____ Phone: _____

Business Address to be Occupied: _____

Applicant Name: _____ Phone: _____

Street Address City State Zip Code

Property/Building Owner: _____ Phone: _____

Street Address City State Zip Code

Tax Parcel Number: 01- _____ Square Footage to be Occupied: _____

Present Use: _____

Intended Use: _____

General Description of Use: _____

The Borough of Ambler enforces all of the International Codes. U&O applications should include a copy of a **SITE PLAN**, showing the size and location of all existing structures on the site, distances from lot lines easements, parking etc. There shall also be a copy of a **FLOOR PLAN**, showing the specific structure, areas to be occupied, means of egress, exits, etc. The plans shall be drawn in such a manner to give a clear understanding as to what is being done.

All signs will require a sign permit prior to installation. Required permits for any work done in the structure shall be inspected prior to issuing of the U&O.

I hereby acknowledge that I have read this application, that the information given is correct, and I am the owner or am duly authorized to act in the owner's behalf, and hereby agree to comply with the applicable Borough Codes.

Applicant's Signature Print Name Date

Permit # _____ Receipt # _____ Cash _____ Check # _____ Fee: _____

Comments: _____



BOROUGH OF AMBLER

Office of the Fire Marshal / Emergency Management

131 Rosemary Avenue · Ambler, PA 19002 · (215) 646-1000 ext 122 · Fax (215) 646-1355

EMERGENCY CONTACT INFORMATION

(UPDATE ANNUALLY)

Business Name: _____

Business Address: _____
Street Suite # City State Zip

Mailing Address (if different): _____
Street Suite # City State Zip

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-Mail Address: _____@_____

Owners Name: _____

Owners Address: _____
Street Suite # City State Zip

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Fax: (____) _____ - _____

E-Mail Address: _____@_____

Emergency Contacts / Key Holders (Nearest to Farthest):

1) Name: _____ Home Phone #: (____) _____ - _____

Daytime Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

2) Name: _____ Home Phone #: (____) _____ - _____

Daytime Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

3) Name: _____ Home Phone #: (____) _____ - _____

Daytime Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

On-Site Key Holder (if applicable) Name _____ Apt # _____

Date: _____

Revised: March 3, 2016