



BOROUGH OF ROYERSFORD
300 Main Street, Royersford, Pa 19468
Phone (610) 948-3737 Fax (610) 948-2915
www.royersfordborough.org



Life Safety Permit Application

OWNER/BUSINESS INFORMATION:

Owner of Property/Landlord _____
 Owner's Address _____
 Owner's Telephone # _____ Cell# _____
 Business Name _____
 Type of Business _____
 Property Address _____
 Business Manager _____ Business Telephone # _____

UTILITIES:

Water: Public Well Sewer: Public On-site Gas: _____
 Occupancy Group: _____ Construction Type: _____
 Alarm Company & Telephone _____
 Sprinkler Contractor Name & Telephone _____
 Knox Box: Yes No If yes, key to the Knox Box shall be provided to the borough.

ZONING INFORMATION:

Square footage of each type of use:
 Use: _____ Area: _____ (SF)
 Use: _____ Area: _____ (SF)
 Use: _____ Area: _____ (SF)
 Number of Employees _____ Number of Existing Parking Spaces _____

PLANS:

Site Plan/Zoning Plan:

Location of unit within a multi-tenant building and floor plans of space to include square footage dedicated to each type of proposed use. Outside the site plan shall show the number of parking spaces, any barrier fences, fire lanes, and location of closest fire hydrants and size of water main.

Pre-Incident Plan (8.5"x11"):

Show building, location of unit within a multi-tenant building and floor plans of space (including exit doors), location of hazard areas, fire alarm, sprinkler controls, Knox Box, electrical and/or gas and water shutoffs, location of MSDS Sheets along with a list of hazardous materials if applicable.

I hereby state the above facts and statements, including any attachments are to the best of my knowledge, accurate and complete. I further understand that any falsification of information or any incomplete application may be considered reason to reject the application.

Signature _____ Date _____

Business Manager Property Owner