



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



Life Safety Permit Application

\$100 application fee due at time of submittal

OWNER/BUSINESS INFORMATION:

Property Address: _____

Owner of Property/Landlord _____

Owner's Address _____

Owner's Telephone # _____ Cell# _____

Owner's Email: _____

Tenant Name _____

Tenant Mailing Address: _____

Tenant's Contact Person _____ Telephone # _____

Tenant's Email: _____

BUILDING INFORMATION:

Water: Public Well Sewer: Public On-site Gas: _____

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:

Previous Use in Space: _____

New/Proposed Use in Space: _____ Area: _____ (SF)

Number of Employees _____ Number of Parking Spaces _____

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