

RESALE OF COMMERCIAL PROPERTY PROCEDURE

If you are selling the property and the tenants are staying the same only the Resale of Commercial Property needs to be filled out.

If you are selling the property and the tenants are **NOT** staying the same the following forms need to be filled out:

1. Resale of Commercial Property
2. Business Establishment Information Form
3. Zoning Determination Application (\$ 200.00 Fee is Required)

Any new businesses in Bristol Township require a Commercial Use & Occupancy Application. The fee for Commercial U&O are based on the square footage that the business is occupying.

Resale of Commercial Property

Township of Bristol
Department of Licenses & Inspections

2501 Bath Road, Bristol, PA 19007

Phone: 215-785-3680 Fax: 215-788-8541

Application for: Resale of Commercial Property

Owner(s) Name: _____ Tax Parcel #: 05 _____

Address: _____

Phone #: (Home) _____ Work: _____

Buyer(s) Name: _____

Address: _____

Phone #: (Home) _____ Work: _____

Address of Property being transferred:

Realtor(s): _____

Address: _____

Phone #: _____

Agent(s) Name: _____

Agents Phone #: _____

Settlement Date: _____

Date of Application: _____

Square Feet _____ Fee _____

Application # _____

Receipt # _____

Check # _____ Name on Check _____

Address _____

Cash _____ Visa/MC _____

Signature of Applicant _____ Date: _____

BRISTOL TOWNSHIP

Office of the Fire Marshal

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

Business Establishment Form

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS OF BUSINESS: _____

PHONE: _____ - _____ - _____ FAX: _____ - _____ - _____

E-MAIL ADDRESS _____

FEDERAL ID NUMBER: _____ STATE ID NUMBER: _____

INTENDED USE OF PROPERTY: _____

OWNER'S NAME: _____ HOME PHONE: _____ - _____ - _____

HOME ADDRESS: _____

MANAGERS NAME: _____ PHONE: _____ - _____ - _____

HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES _____

INSURANCE COMPANY NAME: _____

INSURANCE COMPANY ADDRESS _____ PHONE # _____

TYPE OF INSURANCE _____

POLICY NUMBER: _____ EFFECTIVE DATE OF POLICY: _____

EMERGENCY INFORMATION (Place In Priority Order)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALARM COMPANY: _____

PHONE NUMBER: _____

RESTAURANT LIQUOR LICENSE # _____ SERIAL # _____

BOARD OF HEALTH NUMBER: _____

PROPERTY OWNERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Township of Bristol
Department of Licenses and Inspections
2501 Bath Road, Bristol, PA 19007
(215) 785-3680 Fax: (215) 788-8541

Zoning Determination Application
(please print or type)

- 1) Property in Question (address): _____
- 2) Business/Homeowner Name: _____
- 3) Applicant Name: _____
- 4) Address: _____ Phone: _____
- 5) Property/Building Owner Name: _____
- 6) Address: _____ Phone: _____
- 7) Tax Map Parcel #: _____
- 8) Present Use: _____
- 9) Intended Use: _____
- 10) Details of Intended Use: _____
- _____
- 11) Height of New Structure or Addition, (if applicable), from grade plane to roof or peak (include stories and/or feet): _____

- *) AN IMPERVIOUS SURFACE CALCULATION SHEET MUST BE FILLED OUT COMPLETELY AND ACCOMPANY THIS FORM FOR REVIEW.
- *) PECO MUST BE NOTIFIED IF NEW STRUCTURE OR ADDITION WILL INFRINGE ON ANY ALLOWABLE DISTANCES TO ANY POWER LINES. IT IS YOUR RESPONSIBILITY TO HAVE POWER LINES MOVED OR REDESIGN YOUR INTENDED STRUCTURE TO COMPLY WITH THESE DISTANCES. CALL PECO FOR NECESSARY INFORMATION.
- *) THIS APPLICATION MUST BE FILLED OUT COMPLETELY FOR ACCEPTANCE FOR REVIEW.
- >) SIGNATURE OF APPLICANT: _____ Date: _____

OFFICIAL USE ONLY BELOW:

Zoning District: _____ Zoning Approved _____ Zoning Not Approved _____
Comments: _____

Zoning Officer: _____ Date: _____
Permit #: _____ Receipt #: _____ Check #: _____ Fee: _____

Additional Comments: _____

