

TOWNSHIP OF NORTH FAYETTE

DEPARTMENT OF COMMUNITY DEVELOPMENT

GUIDE FOR OPENING A NEW BUSINESS

Opening a new business without any construction work or change of use

*Construction work does not include painting, carpeting, desks, counter tops, replacing bathroom fixtures or new cabinetry. Construction work does include removing any walls or constructing new walls (whether they are load-bearing or not.)

*Some examples of changing the use are: Office to a restaurant or store; a store to a restaurant; restaurant to storage; or school to office.

Please submit the following information to apply for a new business occupancy permit:

- **Completed Permit Application:** Check off “Zoning” and “Business Occupancy” at the top and provide a detailed description of the business activities under “description of work”. Include the business name.
- **Floor Plan:** The floor plan does not need to be drawn by an Architect but must be legible, show rooms, means of egress facilities, and any other important information. (See sample floor plan attached.)
- **Fire System Test and Inspection Report(s):** If the building and/or space is equipped with a sprinkler, fire alarm (horns/strobes, pull stations, etc...) or kitchen hood suppression system, the most recent test/inspection reports need to be submitted with the application. (Note: Sprinkler and fire alarm test reports needs to be dated within the past year and kitchen suppression systems within the past 6 months.)
- **Fee’s:** \$30 zoning permit fee and \$100 occupancy permit fee = \$130 total fee. Please make check payable to “North Fayette Township”.
- After review and approval a **zoning permit** will be issued. Upon the permit issuance, a **fire safety inspection** of the premises will need to be scheduled when you are ready. (Scheduling information will be printed on the back of the zoning permit.)
- Please note, a knox box is requested for fire department access.
- Please complete a Police Department Business Emergency Listing Form and return to the Police Department or Inspector.
- Upon successful completion of the fire safety inspection, the occupancy permit will be issued.

No-Impact Home-Based Business Registration and Certificate of Compliance

*To be eligible for a no-impact home-based business there may not be any customer, client or vehicular traffic; and no pick-up or delivery from the home related to the business. If there will be any of these activities, you will need to speak with the Community Development Director regarding requirements for a Home Occupation.

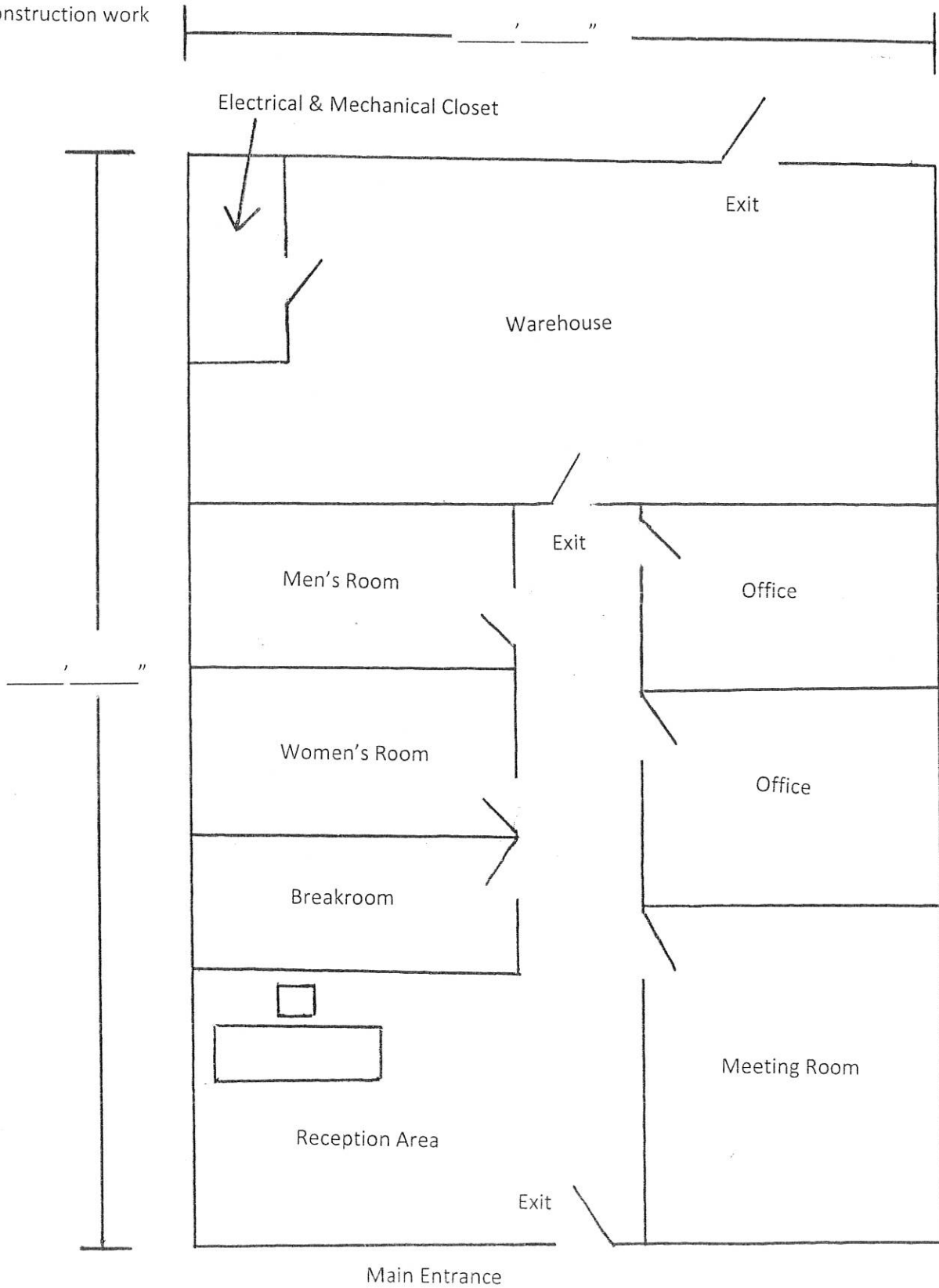
Please submit the following information to apply for a No-Impact Home-Based Business Certificate of Compliance:

- **Completed Permit Application:** Check off “Zoning” and “Business Occupancy” at the top and provide a detailed description of the business activities under “description of work”. Include the business name.
- **Fee’s:** \$30 zoning permit fee and \$100 occupancy permit fee = \$130 total fee. Please make check payable to “North Fayette Township”.
- Upon approval of the no-impact home-based business request, a Certificate of Compliance will be issued.

SAMPLE FLOOR PLAN

No change of use

No construction work



Square Footage: _____ sq'



North Fayette Township Police Department

400 North Branch Road
Oakdale, PA 15071-9362

Phone: 412-787-8900 Fax: 724-693-9814 Website: north-fayette.com

Mark O'Donnell
Chief of Police



BUSINESS EMERGENCY LISTING

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ Additional _____ Fax _____

Business Hours _____ Number of Entrances _____

E-mail Address _____

Average number of employees: Daylight _____ Afternoon _____ Midnight _____

Type of alarm system: Burglar Fire Medical Panic None Other (specify) _____

Alarm Company _____ Phone Number _____

Pa. Crimes Code Section 7511 (c)(i). Control of alarm and automated dialing devices. Each business is permitted 3 false alarms within a 12 month period. Any thereafter will result in a fine (less than \$300.00).

Contact person during daylight (manager):

Name _____ Phone # _____

AFTER HOURS CONTACT:

Name _____	Home Phone # _____	Other _____
Name _____	Home Phone # _____	Other _____
Name _____	Home Phone # _____	Other _____
Name _____	Home Phone # _____	Other _____

Please list any hazardous chemicals on site and the location of such chemicals to assist our first responders:

Please list any workers at the above location that have any type of disability and the disability in order to assist on an emergency evacuation of the premises:

The North Fayette Township Police Department would like to thank you for taking the time to update our data so that in an event of an emergency we can offer the best response approach!

Department use ONLY:

Return Date: _____ Alarm Permit Number: _____