

Guide for Opening a New Business

Before proceeding with applying for a New Business Occupancy Permit, it is very important to read and understand the Truth and Advertising Ordinance (No. 479) which can be found on the website or at the Township Building. All businesses must be in full compliance with this Ordinance in order to receive an Occupancy Permit.

For the opening of 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 removal of any walls or construction of new walls (load bearing or not).
- ** Change of use examples: 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:

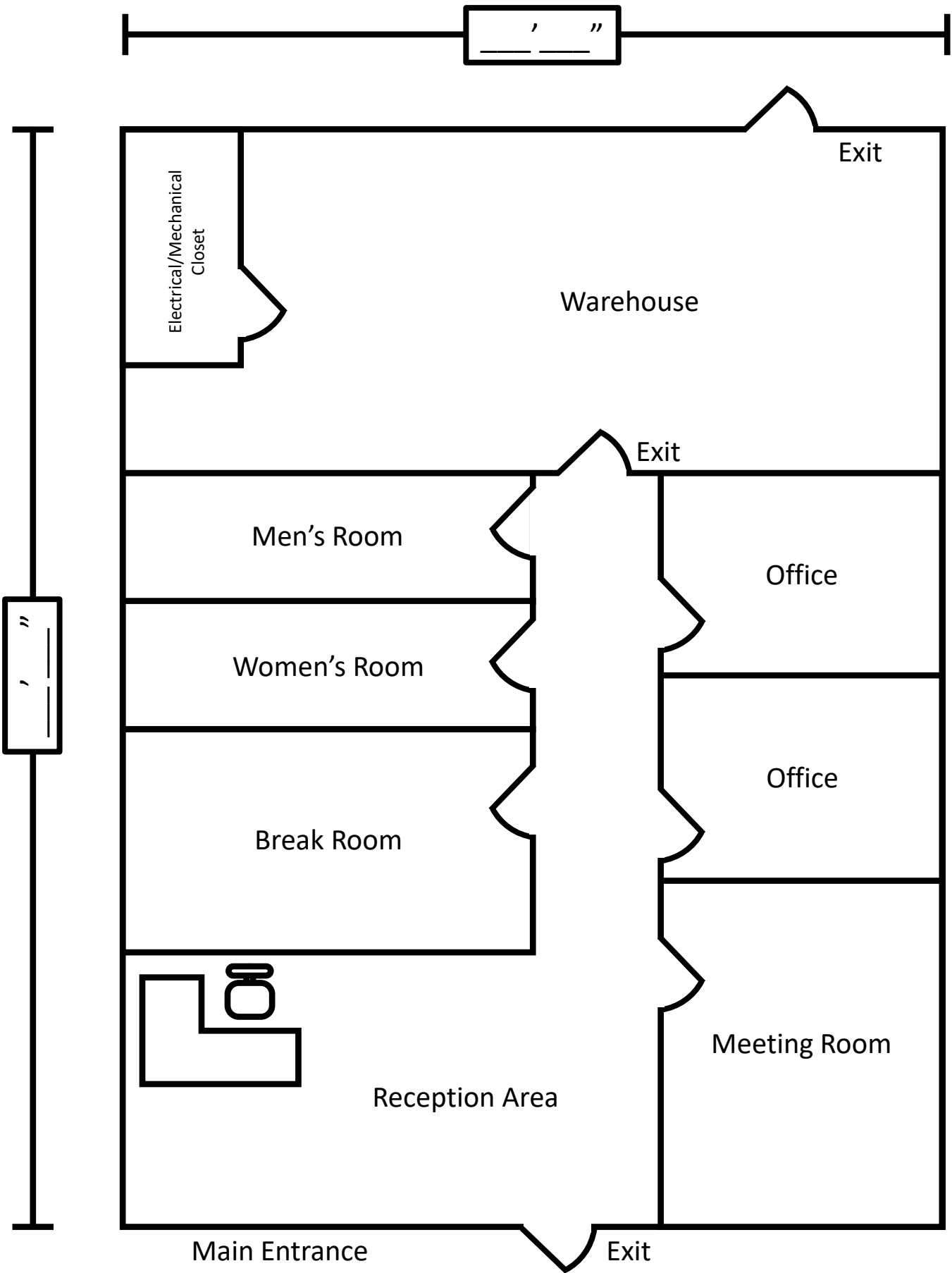
- **Completed Permit Application:** Check off “Zoning” and “Business Occupancy” at the top and provide a detailed description of the business activities under “description of work”. Include the business name.
- **Floor Plan:** The floor plan does not need to be drawn by an Architect but must be legible, show rooms, means of egress facilities, and any other important information (see attached sample).
- **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 must be submitted with the application. Note that sprinkler and fire alarm test reports must be dated within the past year; kitchen suppression systems dated within the past 6 months.
- **Fees:** A zoning and commercial occupancy fee applies. Please see the permit fee schedule for amounts. Please make check payable to “North Fayette Township”.
- After review and approval, a zoning permit will be issued. Upon permit issuance, a fire safety inspection of the premises must be scheduled when you are ready. Scheduling information will be printed on the back of the zoning permit.
- Please note that a Knox box is required 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 must 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.
- **Fees:** A zoning and commercial occupancy fee applies. Please see the permit fee schedule for amounts. 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
DONALD J. COKUS, CHIEF OF POLICE

400 NORTH BRANCH ROAD | OAKDALE, PA 15071
PHONE: 412-787-8900 | FAX: 724-693-9814
WWW.NORTHFAYETTEPA.GOV

Business Emergency Listing

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Business Hours: _____ Number of Entrances: _____

Average Number of Employees: _____ Daylight: _____ Afternoon: _____ Midnight: _____

Alarm System Type: Burglar Fire Medical Panic None Other: _____

Alarm Company: _____ Phone Number: _____

Pennsylvania Crimes Code Section 7511 Control of alarm devices and automatic dialing devices Section (c) (1) False alarms prohibited - A person that owns, uses, or possesses an alarm device or automatic dialing device may not, after causing or permitting three false alarms to occur in a consecutive 12-month period, cause or permit a subsequent false alarm to occur in the same consecutive 12-month period. A person that violates this paragraph commits a summary offense and shall, upon conviction, be sentenced to pay a fine of not more than \$300.

Daylight Contact Person (Manager): _____ Phone: _____

After Hours Contacts

Name: _____ Primary Phone: _____ Alt. Phone: _____

Name: _____ Primary Phone: _____ Alt. Phone: _____

Name: _____ Primary Phone: _____ Alt. Phone: _____

Name: _____ Primary Phone: _____ Alt. Phone: _____

Please list any hazardous chemicals on-site and the location of such chemicals:

Please list any disabled employees along with the nature of the disability:

To complete/submit this form online, visit <http://bit.ly/BELform>

North Fayette Township/West Allegheny School District Local Tax Office

400 North Branch Road | Oakdale, PA 15071

Phone: 724-693-9190 | Fax: 724-693-8132 | Email: NFTaxOffice@gmail.com

Local Services Tax Registration

To comply with Act 511 of the Pennsylvania State Legislature (and the law in your local taxing district), you are required to answer the following questions. All information will be held in the strictest confidence.

Trade Name: _____

Federal Employer ID Number: _____

Owners Name(s): _____

Payroll Contact: _____

Business Phone Number: _____ Email Address: _____

Correct Taxing Jurisdiction (name of Township/Borough where business is located): _____

Employer Business Location (Pennsylvania Street Address, no PO Box, RD, or RR): _____

Mailing Address Where all Forms are to be Sent: _____

Number of Employees (include both full and part time): _____

Type of Business: _____

Date Business Started (month and year): _____

I hereby certify that all information and statements made herein are true and correct.

Date: _____

Signature: _____

You are entitled to receive a written explanation of your rights regarding the audit, appeal, enforcement, refund, and collection of local taxes by calling Jordan Tax Service at 724-731-2300 or 412-835-5243 Monday through Friday, 8:00am through 4:30pm. If Jordan Tax is not the appointed tax hearing officer in your taxing district, you must contact your taxing district about the proper procedures and forms necessary to file an appeal.