# Uniform Construction Code Application for:
## Residential Construction

### 1. Project Information:
- [ ] New Structure  [ ] Addition  [ ] Alteration  [ ] Demolition  [ ] Accessory Structure
- [ ] Alternative Energy  [ ] Swimming Pool, Spa, or Hot Tub  [ ] Other:

**Description of Work:**

*Attach additional information as needed*

### 2. Property Information:

<table>
<thead>
<tr>
<th>Site Address:</th>
<th>Street #</th>
<th>Street Name</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Parcel #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Utilities:**
- [ ] Public Water
- [ ] Private Well
- [ ] Public Sewer
- [ ] Private Septic

**Is Any Portion of the Property in a Flood Hazard Area?**
- [ ] Yes
- [ ] No

**Does the Property Have Any Easements, Right-Of-Ways, or Other Restrictions?**

<table>
<thead>
<tr>
<th>Owner:</th>
<th>First and Last or Company</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mail Address:</th>
<th>Street #</th>
<th>Street Name</th>
<th>City</th>
<th>Zip/State</th>
</tr>
</thead>
</table>

**Authorized Agent (General Contractor, Building Manager, etc.):**

<table>
<thead>
<tr>
<th>Phone #:</th>
<th>Fax #:</th>
<th>Email:</th>
<th>Zip/State</th>
</tr>
</thead>
</table>

### 3. Building General Information:

**Description of Building Use:**

<table>
<thead>
<tr>
<th>Building Height:</th>
<th>Stories Above Grade Plane:</th>
<th>Access to a State Highway:</th>
</tr>
</thead>
</table>

**Automatic Fire Sprinkler System:**

**Other Fire Suppression:**

**Fire Alarm System:**

**Security Alarm System:**

**Project Associated with a Manufactured Home (mobile home, trailer, etc.):**

**Elevator:**

**Propane or LPG:**

**Existing Area (sq/ft):**

**Proposed Area (sq/ft):**

**Other Regulatory or Governing Entities?**

### 4. Building System Information:

**Electrical:**

- **Service Size:**
- **Service Voltage:**
- **Utility Company:**
- **Backup Generator:**
- **Photovoltaic (solar):**
- **Turbine/wind:**

**Mechanical:**

- **Fuel:**
  - [ ] Nat Gas
  - [ ] LPG
  - [ ] Fuel Oil
  - [ ] Waste Oil
  - [ ] Electric
  - [ ] Other:
- **Wood/Solid Fuel Appliance:**
- **Exterior Grill or Cooking Appliance:**

*revised 05-2015*
### Plumbing:

<table>
<thead>
<tr>
<th>Fixture Type and Quantity</th>
<th>Bathtub:</th>
<th>Floor Drain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothes Washer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comb. Sink &amp; Tray:</td>
<td>Dental Lav:</td>
<td>Dental Cuspidor:</td>
</tr>
<tr>
<td>Dishwasher:</td>
<td>Bidet:</td>
<td>Drinking Fountain:</td>
</tr>
<tr>
<td>Floor Sink:</td>
<td>Laundry Tray:</td>
<td>Kitchen Sink:</td>
</tr>
<tr>
<td>Service Sink:</td>
<td>Lavatory:</td>
<td>Shower:</td>
</tr>
<tr>
<td>Other Sink:</td>
<td>Urinal:</td>
<td>Wash Sink:</td>
</tr>
<tr>
<td>Water Closet:</td>
<td>Other:</td>
<td>TOTAL:</td>
</tr>
</tbody>
</table>

**5. APPLICATION SUBMISSION REQUIREMENTS** *(check after reading)*

- This PA UCC application is considered denied until all other approvals have been provided for. This includes but is not limited to: Zoning; Land Development; Grading; PennDOT Highway Occupancy; PA Dept of Labor and Industry; Montgomery County Health Department, etc

- Two sets of construction documents submitted for review shall be submitted on a minimum of 24"x36" (ARCH D) size. Additional copies and other documents or approvals may be requested at the determination of the Building Code Official or designee.

**6. CONSTRUCTION VALUATION**

<table>
<thead>
<tr>
<th>General Site/Building:</th>
<th>Electrical:</th>
<th>Mechanical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plumbing:</td>
<td>Fire:</td>
<td>Other:</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7. CERTIFICATION**

The applicant hereby certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 of 1999 (Pennsylvania Uniform Construction Code) and all other applicable laws of this jurisdiction. The applicant also certifies that the content of the certificate of Workers Compensation Insurance or Affidavit on file with Limerick Township is still in effect with no changes in coverage.

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 an incomplete application may be considered reason to deny or reject the application and that the false statements herein are made subject to the penalties of PA Cons. Stat. 4904 relating to un-sworn falsification to authorities.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such application and permit(s).

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**Signature of Owner**

**Date**

**Signature of Agent**

**Date**

<table>
<thead>
<tr>
<th>Point of Contact:</th>
<th>First and Last Name</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #:</td>
<td>Cell #:</td>
<td>Fax #:</td>
</tr>
</tbody>
</table>

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**TOWNSHIP USE ONLY BELOW THIS LINE**

Zoning:  
EDU:  
UCC:  
Fire:  
Permit #

*revised 05-2015*
ZONING INFORMATION

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

1. SITE ADDRESS ________________________________ ZONING DISTRICT
2. SUBDIVISION NAME ___________________________ IS YOUR PROPERTY PART OF AN HOA? □ YES □ NO
3. BUILDING USE: □ PERSONAL/HOBBY/RESIDENTIAL □ BUSINESS OR HOME OCCUPATION
4. WILL THERE BE NEW IMPERVIOUS SURFACE? □ YES □ NO SF ______
5. WILL THERE BE EARTH DISTURBANCE? (EXCAVATIONS & GRADING) □ YES □ NO SF ______
6. WILL THERE BE VEGETATION DISTURBANCE > 25,000 SF □ YES □ NO SF ______
7. WILL THERE BE A RELOCATION OF THE WELL OR SEPTIC SYSTEM? □ YES □ NO
8. WILL THERE BE ADDITIONAL BEDROOMS? □ YES □ NO
9. PROVIDE THE TOTAL AMOUNT (EXISTING & PROPOSED) BUILDING COVERAGE ON PROPERTY. THIS INCLUDES ANY AREA COVERED WITH ROOFS SUCH AS BALCONIES, PORCHES, ETC. FOR RESIDENTIAL PROJECTS, DO NOT INCLUDE DECKS OR PATIOS. FOR NON-RESIDENTIAL PROJECTS DECKS AND PATIOS SHALL BE INCLUDED.
   TOTAL BUILDING COVERAGE: EXISTING: _______________ SF PROPOSED: _______________ SF
   LOT SIZE:________________________________________ ACRES
   CALCULATE THE PERCENT BUILDING COVERAGE:
   (TOTAL BUILDING COVERAGE DIVIDED BY LOT SIZE)

10. PLOT PLAN REQUIREMENTS CHECKLIST – A PLOT PLAN MUST BE SUBMITTED WITH THE APPLICATION. ALL OF THE FOLLOWING MUST BE CLEARLY ILLUSTRATED AND IDENTIFIED ON THE ATTACHED PLOT PLAN OR NOTED AS NOT PRESENT ON THE PARCEL:

   □ 1. PROPERTY LINES INCLUDE BEARING AND DISTANCE INFORMATION, IF READILY AVAILABLE.
   □ 2. ALL EASEMENTS AND/OR REQUIRED BUFFER YARDS.
   □ 3. OUTLINE OF ALL STRUCTURES (HOUSE, SHEDS, PORCHES, POOLS, ETC.)
   □ 4. DISTANCE OF THE PROPOSED STRUCTURE TO THE SIDE AND REAR PROPERTY LINE AND CENTERLINE OF STREET/ROAD.
   □ 5. DRIVEWAY LOCATION & WIDTH.
   □ 6. EXISTING AND PROPOSED UTILITY LOCATIONS.

NOTES

1. STRUCTURES CANNOT BE PLACED IN EASEMENTS OR RIGHT-OF-WAYs.
2. WHEN ADDING ADDITIONAL BEDROOMS TO A DWELLING WITH ON-LOT SEPTIC SYSTEMS, APPROVAL FROM MONTGOMERY COUNTY HEALTH DEPARTMENT IS REQUIRED.
APPLICATION FOR ELECTRICAL PERMIT

Job Location: ________________________________________________________________

Suite ______ Floor ______ Tenant ____________________________

Property Owner: ____________________________________________________________

Address: ____________________________

Phone #: ____________________________

Electrical Contractor: __________________________________________________________

Address: ____________________________

Phone #: ____________________________

Inspection Agency: ____________________________________________________________

Cost of Work: __________ Description of Work: __________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Permit Fee: RESIDENTIAL: ________ NON-RESIDENTIAL: ________

NON-RESIDENTIAL WORK REQUIRES 2 SETS OF SIGNED & SEALED PLANS.

ALL WORK SHALL COMPLY WITH THE CURRENT NATIONAL ELECTRICAL CODE.

ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR ARRANGING ALL INSPECTIONS.

_____________________________  _______________________
Electrical Contractor                     Date
Third Party Electrical Inspection Agency List 2020

1) Code Inspections, Inc.
   605 Horsham Road
   Horsham, PA 19044
   215-672-9400
   215-672-9736 (fax)

2) Commonwealth Code Inspection Service, Inc.
   176 Doe Run Road
   Manheim, PA 17545
   800-732-0043
   717-664-4953 (fax)

3) United Inspection Agency
   716 North Bethlehem Pike, STE 300
   Lower Gwynedd, PA 19002
   215-542-9977
   215-540-9721 (fax)

4) Middle Atlantic Inspections
   302 East Pennsylvania Boulevard
   Feasterville, PA 19047
   215-322-2626
   215-364-7921

5) American Inspection Agency
   342 Miller Road
   Sinking Spring, PA 19608
   800-806-6610
   610-678-4359 (fax)

6) Campbell Code Services
   76 S. Keim Street
   Pottstown, PA 19464
   610-931-3040

7) Faulkner Inspection Services, LLC
   1201 Cherry Wood Ct.
   Phoenixville, PA 19460
   610-350-9957

8) Middle Department Inspection Agency
   404 W. Ridge Pike
   Conshohocken, PA 19428
   800-992-6342
   215-244-1927 (fax)

9) Bureau Veritas North America
   790A Parkway Dr.
   Broomall, PA 19008
   610-543-3925
   610-543-1933 (fax)

10) William DeMedio Agency
    108 Flintlock Road
    Drexel Hill, PA 19026
    610-505-1525