



Greta Martin Washington
Director of Community Planning
Planning@LimerickPA.org
Administration 610.495.6432
Police 610.495.7909
FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

GENERAL INFORMATION FORM FOR COMPLETING A ZONING USE PERMIT

THIS PERMIT IS INTENDED FOR **PROSPECTIVE TENANTS** TO OBTAIN HIGH-LEVEL FEEDBACK FROM ALL TOWNSHIP DEPARTMENTS IN ORDER TO UNDERSTAND THE ADDITIONAL PERMITS NEEDED TO OCCUPY A SPACE. THIS CAN BE DONE PRIOR TO SIGNING A LEASE AGREEMENT AND IS RECOMMENDED TO BE OBTAINED BEFORE FILING ANY OTHER PERMIT NEEDED TO OCCUPY THE SPACE. THIS PERMIT MUST BE ISSUED PRIOR TO OCCUPANCY.

SUBMISSION:

- IN PERSON – WINDOW IS OPEN DURING BUSINESS HOURS. DROP BOX IN LOBBY IS AVAILABLE 24 HOURS.
- ELECTRONIC – EMAIL APPLICATION (AND ELECTRONIC PAYMENT RECEIPT) TO PRAMSEY@LIMERICKPA.ORG.

PERMIT COST IS \$100.00, DUE WITH SUBMISSION OF APPLICATION.

- IN PERSON PAYMENT – CHECK SHOULD BE MADE OUT TO “LIMERICK TOWNSHIP.”
- ELECTRONIC PAYMENT – REFER TO THE [ONLINE PAYMENTS](#) PAGE OF WWW.LIMERICKPA.ORG FOR DETAILS.
 - PAYMENT ITEM SELECTION SHOULD BE “ZONING USE PERMIT.”
 - REFERENCE NUMBER SHOULD BE THE NAME AND/OR ADDRESS OF BUSINESS.
 - INCLUDE YOUR ELECTRONIC RECEIPT WITH YOUR APPLICATION.

THE ZONING OFFICER WILL ISSUE A LETTER NOTING BELOW REQUIREMENTS AS NEEDED.

- A. **ZONING:** ZONING REVIEW INCLUDES USE REVIEW WITH RESPECT TO UNDERLYING DISTRICT. THE NUMBER OF EXISTING PARKING SPACES IS REVIEWED WITH RESPECT TO THE PROPOSED USE TO ENSURE ADEQUATE PARKING IS AVAILABLE. THE ZONING OFFICER ALSO REVIEWS FOR ACT 209 COMPLIANCE.
- B. **BUILDING:** THE BUILDING CODE OFFICIAL REVIEWS TO DETERMINE IF SCOPE OF ALTERATIONS PROPOSED REQUIRES A PERMIT.
- C. **ROADWAY:** THE ROAD MASTER REVIEWS ANY DEFICIENCIES ON EXISTING DRIVEWAY OR ROADSIDE DRAINAGE.
- D. **EMERGENCY SERVICES DEPARTMENT:** THE EMERGENCY SERVICES DEPARTMENT PERFORMS A ZONING INSPECTION FOR THE PREMISES TO ENSURE COMPLIANCE WITH ALL ADOPTED CODES AND STANDARDS OF THE TOWNSHIP.
- E. **MISCELLANEOUS:**

CARNIVALS – BE SURE TO INCLUDE:

1. PENNSYLVANIA DEPARTMENT OF AGRICULTURE – ANNUAL INSPECTION CERTIFICATION AND REGISTRATION FOR RIDES
2. MONTGOMERY COUNTY DEPARTMENT OF HEALTH – TEMPORARY FOOD HANDLERS LICENSE
3. ELECTRICAL INSPECTION – 24 HOURS PRIOR TO THE START OF THE EVENT, SUBMIT THIRD PARTY ELECTRICAL INSPECTION OR ELECTRICAL UNDERWRITER FOR ALL CONNECTIONS TO EXISTING FACILITIES.



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APPLICATION FOR ZONING USE

(ZONING ORDINANCE 184-14 & 15, 184-60)

PROPOSED USE: (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> CHANGE IN OCCUPANCY (NON-RESIDENTIAL) | <input type="checkbox"/> CHANGE IN OWNERSHIP OF NON-RESIDENTIAL ESTABLISHMENT |
| <input type="checkbox"/> NON-RESIDENTIAL CONSTRUCTION | <input type="checkbox"/> CHANGE IN USE OF A STRUCTURE |
| <input type="checkbox"/> NEW/EXPANDED OUTDOOR DISPLAY | <input type="checkbox"/> CHANGE IN USE OF LAND |
| <input type="checkbox"/> DEVELOPMENT OF ONE OR MORE NEW VEHICLE PARKING SPACES | <input type="checkbox"/> CHANGE IN USE OF A NON-CONFORMING USE |

TEMPORARY USES: TEMPORARY RESIDENCE CHRISTMAS TREE SALES CARNIVAL

ALTERATIONS PROPOSED: YES NO IF YES, PLEASE DESCRIBE SCOPE OF WORK: _____

1. BUSINESS NAME / DBA: _____

PROPOSED USE (RESTAURANT, RETAIL, AUTO REPAIRS, ETC.) _____

PROPERTY ADDRESS: _____ BUILDING # _____ SUITE # _____

LIMERICK/ROYERSFORD/LINFIELD, POTTSTOWN, OR SCHWENKSVILLE, PA

HOURS OF OPERATION: MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

FORMER BUSINESS (IF KNOWN): _____

UTILITIES: WATER: PUBLIC WELL SEWER: PUBLIC ON-SITE GAS: _____

2. APPLICANT (NAME OF CONTACT PERSON): _____

APPLICANT'S ADDRESS: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

APPLICANT IS: OWNER AGENT TENANT

3. OWNER OF PROPERTY / LANDLORD: _____

OWNER'S ADDRESS (IF DIFFERENT FROM APPLICANT): _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

4. ZONING INFORMATION

SQUARE FOOTAGE OF EACH TYPE OF USE (OFFICE AREA, MANUFACTURING FLOOR, CUSTOMER AREA, ETC.)

- GROSS FLOOR AREA: _____ SF
- USE 1: _____ AREA: _____ SF
- USE 2: _____ AREA: _____ SF

NUMBER OF EXISTING PARKING SPACES: _____



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6. PLANS REQUIRED TO BE SUBMITTED WITH APPLICATION

SITE PLAN/ZONING PLAN MUST INCLUDE:

- a. LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING
- b. FLOOR PLANS OF SPACE TO INCLUDE SQUARE FOOTAGE DEDICATED TO EACH TYPE OF PROPOSED USE (OFFICE AREA, MANUFACTURING FLOOR, CUSTOMER AREA, ETC.)
- c. NUMBER OF PARKING SPACES
- d. ANY BARRIER FENCES
- e. FIRE LANES
- f. LOCATION OF NEAREST FIRE HYDRANT(S)
- g. SIZE OF WATER MAIN

PRE-INCIDENT PLAN (8.5X11 SHEET) SHOWING:

- a. FIRE DEPARTMENT CONNECTION (FDC)
- b. LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING
- c. FLOOR PLANS OF SPACE (INCLUDING EXIT DOORS)
- d. LOCATION OF HAZARD AREAS
- e. FIRE ALARM/SPRINKLER CONTROLS
- f. KNOX BOX
- g. UTILITY SHUT-OFFS (ELECTRICAL, GAS, WATER)
- h. LOCATION OF MSDS SHEETS ALONG WITH A LIST OF HAZARDOUS MATERIALS, AS APPLICABLE

7. CERTIFICATION

I HEREBY STATE THAT 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 REJECT THE APPLICATION AND THAT THE FALSE STATEMENT HEREIN ARE MADE SUBJECT TO THE PENALTIES OF PA CONS.STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE: _____ DATE: _____
 APPLICANT LANDLORD

PAYMENT: ELECTRONIC ON-LINE PAYMENT - DATE _____ CHECK

209 IMPACT _____
 ZONING USE _____
 PERMITTED YES NO
 OTHER _____

ZONING DISTRICT
 R-1 MHP O/LI
 R-2 VC LLI
 R-3 MS HI
 R-4 RB HI-E
 R-5 HC

OVERLAYS
 LEWIS ROAD
 LLI OVERLAY

ROAD MASTER _____
 FIRE _____
 BCO, ACCESSIBILITY
 OCCUPANCY GROUP _____
 CONSTRUCTION _____
 OTHER _____

EXISTING NONCONFORMITY OR VARIANCE:



Shaun Semmeles
 Fire Marshal/Emergency Management Coordinator
SSemmeles@LimerickPA.org
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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

DATE: _____

Establishment Contact Information			
Name of Establishment			
Type of Establishment	<input type="radio"/> Retail <input type="radio"/> Residential <input type="radio"/> Industrial <input type="radio"/> Other _____		
Address Line 1			
Address Line 2 / Suite #			
City, State		ZIP	
Phone #		Fax #	
Email			

24-Hour Emergency Contact (Primary)			
Name of Emergency Contact			
Address			
City, State		ZIP	
Phone # (Primary)		Phone # (Alternate)	

24-Hour Emergency Contact (Alternate)			
Name of Emergency Contact			
Address			
City, State		ZIP	
Phone # (Primary)		Phone # (Alternate)	

Property Management Information (If Applicable)			
Name of Company		Phone #	

Knox Box Information (If Applicable)			
Knox Box	<input type="radio"/> Yes <input type="radio"/> No	Location	

BILLING INFORMATION

Name _____ Phone _____ Email _____
 Address _____ City _____ State _____ ZIP _____



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REGISTRATION OF ALARM SYSTEMS

BURGLAR

FIRE

MEDICAL

SPRINKLER

ADDRESS OF ALARM:			
BUSINESS NAME (IF APPLICABLE):			
CONTACT NAME:			
PRIMARY NUMBER:		ALTERNATE NUMBER:	
ALARM COMPANY:			
PHONE NUMBER FOR ALARM COMPANY:			
INSTALLER NAME:		INSTALLER PHONE NUMBER:	
DATE OF INSTALLATION:			

NOTE: VIOLATIONS AND PENALTIES SHALL BE IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE SECOND CLASS TOWNSHIP CODE.

I UNDERSTAND AND AGREE TO BE RESPONSIBLE FOR THE FALSE ALARM FEE, PERSUANT TO LIMERICK TOWNSHIP CODE.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

ONE-TIME REGISTRATION FEE: \$30.00

PAYABLE TO: LIMERICK TOWNSHIP POLICE DEPARTMENT

APPROVAL: _____ DATE: _____

CHECK #: _____ CASH: _____