

**LIMERICK TOWNSHIP  
BUILDING PERMIT DESIGN PROFESSIONAL INFORMATION**

PROJECT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**REGISTERED DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE**

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SPECIAL INSPECTIONS AS REQUIRED BY IBC CHAPTER 1704**

SPECIAL INSPECTIONS REQUIRED:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

INDIVIDUAL OR FIRM:

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_