



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

[www.LimerickPA.org](http://www.LimerickPA.org)

## SUBDIVISION / LAND DEVELOPMENT APPLICATION COMPLETE PACKET

**Note:** Please refer to the **SD-LD Application Instructions** document for assistance in completing the application materials.  
The Township prefers that documents are signed in **BLUE** ink, if possible.

### PROJECT REVIEW SUBMISSION MATERIALS

#### FIRST SUBMISSION

- Application Submission Checklist for First Submission (1 PAGE) ..... Document 1-1
- Application for Subdivision and/or Land Development Review for First Submission (4 PAGES) .... Document 1-2
- Cash Escrow Agreement (1 PAGE) ..... Document 1-3
- Time Waiver Form (1 PAGE) ..... Document 1-4
- Permission to Access Property (1 PAGE) ..... Document 1-5
- Montgomery County Planning Commission Applicant Request for County Review (1 PAGE) .... Document 1-6

#### RESUBMISSIONS

- Application Submission Checklist for Resubmissions (1 PAGE) ..... Document 2-1
- Application for Subdivision and/or Land Development Review for Resubmissions (4 PAGES) ..... Document 2-2

#### RECORDING REVIEW SUBMISSION

- Operation and Maintenance (O&M) Agreement Stormwater Best Management Practices (SWM BMPS) (6 PAGES) ..... Document 3-1

## APPLICATION SUBMISSION CHECKLIST FOR FIRST SUBMISSION

SUBMISSION # 1

KEY	ITEM	SUBMITTED
★	Application: Signed and dated <b>Limerick Township Application for Subdivision and/or Land Development Review</b> (1 copy)	<input type="checkbox"/>
★	Digital or USB flash drive file of all documentation & plans, containing all sheets and reports	<input type="checkbox"/>
★	Plans: Six (6) <u>individually folded</u> sets of engineering plans	<input type="checkbox"/>
★	Waiver Letter: Letter listing all waivers Applicant is requesting (1 copy)	<input type="checkbox"/>
★	<b>Emergency Services Coordination Plan:</b> Provide a comprehensive emergency services coordination plan with the following details; how fire apparatus will fully circulate the building when possible, utilizing all ingress and egress points; all building ingress and egress points, fire lane designations/stripping when applicable, fire hydrant locations, all building utility locations, (i.e. electric rooms, mechanical rooms, sprinkler control rooms, and fire alarm control panel rooms); proposed Knox Box locations, exterior site utilities like power and water lines, as well as roof access if applicable. Plan Sheet # _____ of _____ (total)	<input type="checkbox"/>
➔	Stormwater Management Reports (2 copies <u>plus</u> electronic PDF)	<input type="checkbox"/>
➔	Traffic Study, as required (2 copies <u>plus</u> electronic PDF)	<input type="checkbox"/>
✓	<b>Permission to Access Property Subject to Subdivision and Land Development</b>	<input type="checkbox"/>
✓	<b>Cash Escrow Agreement</b> Escrow (payable to Limerick Township): \$ _____ <b>NOTE: Cash Escrow and Application Fee must be separate checks.</b>	<input type="checkbox"/>
✓	Time Waiver Form	<input type="checkbox"/>
✓	Application Fee (payable to Limerick Township): \$ _____ <b>NOTE: Cash Escrow and Application Fee must be separate checks.</b>	<input type="checkbox"/>
✓	<b>Montgomery County Planning Commission - Applicant Request for County Review.</b> County will contact Applicant regarding review fee. <b>*** DO NOT SEND PAYMENT TO THE TOWNSHIP ***</b>	<input type="checkbox"/>
✓	Copy of the property deed (1 copy)	<input type="checkbox"/>
✓	Two (2) discs containing colored site photos (in PDF or JPG format) from each face of the parcel looking into the site, and all buildings and structures on the parcel prior to development must also be included.	<input type="checkbox"/>
✓	Will Serve Letter from the Water Company (1 copy)	<input type="checkbox"/>
✓	Will Serve Letter from the Sewer Company (1 copy)	<input type="checkbox"/>
✓	If required, DEP Planning Module Application Mailer	<input type="checkbox"/>

**KEY:** ★ EVERY SUBMISSION   ➔ FIRST SUBMISSION & UPDATE W/ SUBSEQUENT SUBMISSIONS   ✓ FIRST SUBMISSION ONLY

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**APPLICATION FOR SUBDIVISION AND/OR LAND DEVELOPMENT REVIEW**  
**FOR FIRST SUBMISSION**

**PROJECT NAME:** \_\_\_\_\_ **SLD #** \_\_\_\_\_  
*(assigned by Township)*

**TYPE OF SUBMISSION:**     SUBDIVISION         LAND DEVELOPMENT         LOT LINE ADJ.

**PHASE OF SUBMISSION:**  PRELIMINARY     FINAL     AMENDED     PRELIMINARY/FINAL

**1. Property Information:**

Address: \_\_\_\_\_

Parcel #: 37-00- \_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_ COPY OF DEED

Parcel #: 37-00- \_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel #: 37-00- \_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel #: 37-00- \_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Total Parcels:** \_\_\_\_\_ **Total Area (acreage/SF):** \_\_\_\_\_

**2. Applicant(s) / Developer:**

Business Entity/Corporation: \_\_\_\_\_

Individual Name(s) or Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Address(es): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Interest in Property:         Record Owner                       Equitable Owner                       Agent

**3. Attorney:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Authorized Representative:**

Person(s) appointed or designated by Applicant and/or Owner as an authorized representative to make requests upon and receive any and all information and communications from Township relative to the Plans:

*(Applicant must notify Township, in writing, of any changes of the authorized designee.)*

Engineer     Attorney     Applicant     Other (please specify): \_\_\_\_\_

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**5. Engineer(s) or Surveyor(s) of Record:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**6. Billing Information:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Record Owner(s):**             Same as Applicant

Business Entity/Corporation: \_\_\_\_\_

Individual Name(s) or Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. **Project Information:**       Residential       Non-Residential       Mixed Use

Conditional Use Received (if applicable): \_\_\_\_\_ ZHB Decision Received (if applicable): \_\_\_\_\_

Subdivision       Lot Consolidation Required?

**Residential:** Existing Lots #: \_\_\_\_\_ New Bldg. Lots #: \_\_\_\_\_ Common Area Lots #: \_\_\_\_\_

Existing Dwelling Units #: \_\_\_\_\_ New Dwelling Units #: \_\_\_\_\_ Net New Dwelling Units #: \_\_\_\_\_

**Non-Residential:** Existing Lots #: \_\_\_\_\_ New Lots #: \_\_\_\_\_

Land Development

**Residential:** Common Elements: \_\_\_\_\_

List Linear Feet of New Proposed Roads: \_\_\_\_\_

**Non-Residential:** Existing Building GSF: \_\_\_\_\_ New Bldg. GSF: \_\_\_\_\_ Total GSF: \_\_\_\_\_

Proposed Use: \_\_\_\_\_  Commercial       Industrial

Project Description: \_\_\_\_\_

Utilities: Water:  Public       Well

Sewer:  Public       On-lot       Other: \_\_\_\_\_

**Note: Limerick Township no longer owns the sewer system. We advise coordination with AQUA Pennsylvania early in the process.**

Deeds & Easements - Proposed to be Dedicated

Legal Descriptions to be provided for:

DOD New Street \_\_\_\_\_  Snow Storage Easement

DOD Ult ROW ( Local /  SR) \_\_\_\_\_

Pedestrian Access Easement (trail)

Emergency Access Easement ( with trail)

Conservation Easement (floodplains, woodlands, etc.)

Stormwater:  Access Easement       Drainage Easement       Blanket Easement

Private       HOA/Condo Association

State Road:  Traffic Signal       Vol. Restrictive Covenant (Stormwater BMP)

9. **Financial Security for Improvements:**       Cash       Letter of Credit       Tri-Party Agreement

Tri-Party Agreement Information

Lender/Bank Name: \_\_\_\_\_

Lender/Bank Address: \_\_\_\_\_

Name/Title of Bank Representative Executing Agreement: \_\_\_\_\_

**10. Verification**

The person(s) whose name(s) appear below certify that they are authorized to execute the Application, that they have reviewed the responses to the Application and the attachments to it, and that all the facts set forth therein are true and correct to the best of their knowledge, information, and belief. This Verification is made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsifications to authorities.

*The Township prefers that documents are signed in **BLUE** ink, if possible.*

**OWNER(S)**

**APPLICANT(S)**

\_\_\_\_\_  
**Signature of Individual or Authorized Agent / Date**

\_\_\_\_\_  
**Signature of Individual or Authorized agent / Date**

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
**Signature of Individual or Authorized Agent / Date**

\_\_\_\_\_  
**Signature of Individual or Authorized agent / Date**

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
*Business Entity / Corporation*

**FOR COMPLETION BY THE TOWNSHIP (BELOW THIS LINE)**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWNSHIP FEE: \_\_\_\_\_

TOWNSHIP ESCROW: \_\_\_\_\_

90-DAY REVIEW EXPIRES: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ SLD # \_\_\_\_\_  
*(assigned by Township)*

**CASH ESCROW AGREEMENT**

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

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

REVIEW ESCROW AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

Developer has submitted to Limerick Township an application for **subdivision and land development** ("Application") relating to the above Project. Pursuant to the provisions of the Pennsylvania Municipalities Planning Code (MPC), Limerick Township has established by Resolution schedule of fees for review of an Application submitted. The schedule is attached to this Agreement as Exhibit "A." These fees are designed to offset the reasonable and necessary expenses incurred by the Township for processing the plans and for review and report by the township's professional consultants, including but not limited to the Township Engineer, Township Traffic Engineer, Township Planner, Township GIS consultant and the Township Solicitor. The Board of Supervisors has determined that consultant fees are reasonable and in accordance with the ordinary and customary charges by the Township consultants for similar service in the community.

To offset the charges and fees to be incurred by the Township, including engineering, legal and administrative costs and expenses, Developer shall deposit with Township the Review Escrow amount stated above. Township shall hold such amount, without interest to Developer. Township shall not be required to hold the funds in a separate account but may commingle the funds with other funds held by the Township for similar purposes.

Township shall hold the Review Escrow as security for the payment of all costs and expenses, charges and fees set forth in the paragraphs above. Developer shall pay the full amount of any invoice within fifteen (15) days from the date of such notice. In the event the invoice is not paid within this time, a ten percent (10%) late charge on the deficiency shall be imposed and processing and review of the plan shall be suspended until the account is made current. Developer shall remain responsible for payment of all invoices regardless of the balance within the Review Escrow account.

The Review Escrow account shall be terminated and all funds remaining therein shall be returned to Developer within sixty (60) days of the recording of the plans at Montgomery Co. Recorder of Deeds, within sixty (60) days following denial of the Application by the Board of Supervisors; or, within sixty (60) days following withdrawal of the Application by Developer.

Neither this Agreement nor the funds within the Review Escrow account established pursuant to its terms may be assigned or transferred by Developer without the written consent of Township. No transfer shall relieve Developer of the duties and responsibilities of this Agreement which shall be binding upon Developer, its successors and assigns.

ANY VIOLATION OR BREACH OF THE TERMS OF THIS AGREEMENT BY DEVELOPER SHALL BE SUFFICIENT GROUNDS FOR THE DENIAL OF ANY APPLICATION SUBMITTED IN CONNECTION HEREWITH.

**Developer:**

**Limerick Township:**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_



646 West Ridge Pike, Limerick, PA 19468

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PROJECT NAME: \_\_\_\_\_ SLD # \_\_\_\_\_  
*(assigned by Township)*

**LIMERICK TOWNSHIP  
SUBDIVISION and/or LAND DEVELOPMENT  
TIME WAIVER FORM**

DATE: \_\_\_\_\_

GRANTED TO: Limerick Township Board of Supervisors

On or about \_\_\_\_\_, I/We ("Applicant") submitted for official filing the above-referenced application ("Application").

Notwithstanding any contrary provision of the Pennsylvania Municipalities Planning Code or the Code of Township of Limerick, this letter will serve as notice to Limerick Township that the requirement that action be taken on this Application within ninety (90) days is hereby waived, without limitation as to time. This waiver is granted to permit Applicant to make revisions to the Application during the application review process.

Further, with the understanding that this waiver is voluntarily given and will be relied upon by Limerick Township, I/We will give the Township Manager of Limerick Township written notice (by certified mail or recognized overnight carrier to 646 W. Ridge Pike, Limerick, PA 19464) should I/We determine that limiting the time of the review process becomes necessary. Limerick Township shall then have ninety (90) days from receipt of such written notice in which to act upon the Application.

This waiver is not transferable or assignable by the Applicant and shall apply to any and all revised submissions made in relation to the Application. If Applicant sells its ownership interest in the property subject to the Application, Applicant shall give Limerick Township written notice (by certified mail or recognized overnight carrier) of the transfer of record or equitable ownership in the subject property within ninety (90) days of said transfer.

I/We represent that I/We have been duly authorized to execute this waiver on behalf of the Applicant.

APPLICANT SIGNATURE: \_\_\_\_\_  
*(Original signature must be submitted, preferably in BLUE ink)*

APPLICANT PRINTED NAME: \_\_\_\_\_

TITLE OF AUTHORIZED AGENT: \_\_\_\_\_  
*(If applicable)*

BUSINESS ENTITY / CORPORATION: \_\_\_\_\_  
*(If applicable)*

**FOR COMPLETION BY THE TOWNSHIP (BELOW THIS LINE)**

DATE RECEIVED: \_\_\_\_\_ DATE BOS ACCEPTED: \_\_\_\_\_



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PROJECT NAME: \_\_\_\_\_ SLD # \_\_\_\_\_  
*(assigned by Township)*

**PERMISSION TO ACCESS PROPERTY  
SUBJECT TO SUBDIVISION AND LAND DEVELOPMENT**

DATE: \_\_\_\_\_

TO: Limerick Township

FROM: \_\_\_\_\_  
*Name(s) of Applicant(s)*

\_\_\_\_\_  
*Address*

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

The owner(s) of the subject property hereby grants Limerick Township, its agents and/or representatives, permission to enter the above referenced property for the purposes of inspecting and measuring, surveying, photographing, testing or sampling the property for the purpose of obtaining the information required in order to review the plan as requested by the applicant.

\_\_\_\_\_  
*(Record Owner)*

\_\_\_\_\_  
*(Record Owner)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Printed Name)*

**If Business Entity/Corporation:**

\_\_\_\_\_  
*(Title of Authorized Agent)*

\_\_\_\_\_  
*(Business Entity/Corporation)*

# Applicant Request for County Review



This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.

Date:  
 Municipality:  
 Proposal Name:

Applicant's  
 Representative:  
 Address:

Applicant Name:  
 Address:  
 City/State/Zip:  
 Phone:  
 Email:

City/State/Zip:  
 Business Phone (required):  
 Business Email (required):

## Type of Review Requested:

*(Check All Appropriate Boxes)*

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan  
 Conditional Use
- Special Review\*

*\*(Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

## Type of Plan:

Tentative (Sketch)  
 Preliminary / Final

## Type of Submission:

- New Proposal
- Resubmission\*

*\* A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

## Zoning:

Existing District:  
 Special Exception Granted    Yes    No  
 Variance Granted    Yes    No    For

## Plan Information:

Tax Parcel Number(s)

Location  
 Nearest Cross Street  
 Total Tract Area  
 Total Tract Area Impacted By Development

*(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)*

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

*\*Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information:

PROJECT NAME: \_\_\_\_\_ SLD # \_\_\_\_\_  
(assigned by Township)

## APPLICATION SUBMISSION CHECKLIST FOR RESUBMISSIONS

		SUBMISSION #
KEY	ITEM	SUBMITTED
★	Application: Signed and dated <b>Limerick Township Application for Subdivision and/or Land Development Review</b> (1 copy)	<input type="checkbox"/>
★	Digital or USB flash drive file of all documentation & plans, containing all sheets and reports	<input type="checkbox"/>
★	Plans: Six (6) <u>individually folded</u> sets of engineering plans	<input type="checkbox"/>
★	Waiver Letter: Letter listing all waivers Applicant is requesting (1 copy)	<input type="checkbox"/>
★	<b>Emergency Services Coordination Plan:</b> Provide a comprehensive emergency services coordination plan with the following details; how fire apparatus will fully circulate the building when possible, utilizing all ingress and egress points; all building ingress and egress points, fire lane designations/stripping when applicable, fire hydrant locations, all building utility locations, (i.e. electric rooms, mechanical rooms, sprinkler control rooms, and fire alarm control panel rooms); proposed Knox Box locations, exterior site utilities like power and water lines, as well as roof access if applicable. Plan Sheet # _____ of _____ (total)	<input type="checkbox"/>
➔	<b>Time Waiver Form:</b> If submission is first submission of any new phase (F, PF, etc.), a Time Waiver form is required.	<input type="checkbox"/>
➔	Escrow: Is your account with the Township paid in full? If not, remit payment for outstanding invoices with subsequent submission.	<input type="checkbox"/>
➔	If submission is an amended preliminary (AP) plan, MPCP re-submission is required. <b>Montgomery County Planning Commission - Applicant Request for County Review.</b> County will contact Applicant regarding review fee. <b>*** DO NOT SEND PAYMENT TO THE TOWNSHIP ***</b>	<input type="checkbox"/>
➔	Stormwater Management Reports (2 copies <u>plus</u> electronic PDF)	<input type="checkbox"/>
➔	Traffic Study, as required (2 copies <u>plus</u> electronic PDF)	<input type="checkbox"/>

KEY: ★ EVERY SUBMISSION ➔ FIRST SUBMISSION & UPDATE W/ SUBSEQUENT SUBMISSIONS

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**APPLICATION FOR SUBDIVISION AND/OR LAND DEVELOPMENT REVIEW**  
*FOR RESUBMISSIONS*

**PROJECT NAME:** \_\_\_\_\_ **SLD #** \_\_\_\_\_  
*(assigned by Township)*

**TYPE OF SUBMISSION:**     SUBDIVISION         LAND DEVELOPMENT         LOT LINE ADJ.

**PHASE OF SUBMISSION:**  PRELIMINARY     FINAL     AMENDED     PRELIMINARY/FINAL

**1. Property Information:**

Address: \_\_\_\_\_

Parcel #: 37-00-\_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel #: 37-00-\_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel #: 37-00-\_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Parcel #: 37-00-\_\_\_\_\_ Area (acreage/SF): \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Total Parcels:** \_\_\_\_\_ **Total Area (acreage/SF):** \_\_\_\_\_

**2. Applicant(s) / Developer:**

Business Entity/Corporation: \_\_\_\_\_

Individual Name(s) or Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Address(es): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Interest in Property:         Record Owner                       Equitable Owner                       Agent

**3. Attorney:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Authorized Representative:**

Person(s) appointed or designated by Applicant and/or Owner as an authorized representative to make requests upon and receive any and all information and communications from Township relative to the Plans:

*(Applicant must notify Township, in writing, of any changes of the authorized designee.)*

Engineer     Attorney     Applicant     Other (please specify): \_\_\_\_\_

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**5. Engineer(s) or Surveyor(s) of Record:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**6. Billing Information:**

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Record Owner(s):**             Same as Applicant

Business Entity/Corporation: \_\_\_\_\_

Individual Name(s) or Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. **Project Information:**       Residential       Non-Residential       Mixed Use

Conditional Use Received (if applicable): \_\_\_\_\_ ZHB Decision Received (if applicable): \_\_\_\_\_

Subdivision       Lot Consolidation Required?

**Residential:** Existing Lots #: \_\_\_\_\_ New Bldg. Lots #: \_\_\_\_\_ Common Area Lots #: \_\_\_\_\_

Existing Dwelling Units #: \_\_\_\_\_ New Dwelling Units #: \_\_\_\_\_ Net New Dwelling Units #: \_\_\_\_\_

**Non-Residential:** Existing Lots #: \_\_\_\_\_ New Lots #: \_\_\_\_\_

Land Development

**Residential:** Common Elements: \_\_\_\_\_

List Linear Feet of New Proposed Roads: \_\_\_\_\_

**Non-Residential:** Existing Building GSF: \_\_\_\_\_ New Bldg. GSF: \_\_\_\_\_ Total GSF: \_\_\_\_\_

Proposed Use: \_\_\_\_\_  Commercial       Industrial

Project Description: \_\_\_\_\_

Utilities: Water:  Public       Well

Sewer:  Public       On-lot       Other: \_\_\_\_\_

**Note: Limerick Township no longer owns the sewer system. We advise coordination with AQUA Pennsylvania early in the process.**

Deeds & Easements - Proposed to be Dedicated

Legal Descriptions to be provided for:

DOD New Street \_\_\_\_\_  Snow Storage Easement

DOD Ult ROW ( Local /  SR) \_\_\_\_\_

Pedestrian Access Easement (trail)

Emergency Access Easement ( with trail)

Conservation Easement (floodplains, woodlands, etc.)

Stormwater:  Access Easement       Drainage Easement       Blanket Easement

Private       HOA/Condo Association

State Road:  Traffic Signal       Vol. Restrictive Covenant (Stormwater BMP)

9. **Financial Security for Improvements:**       Cash       Letter of Credit       Tri-Party Agreement

Tri-Party Agreement Information

Lender/Bank Name: \_\_\_\_\_

Lender/Bank Address: \_\_\_\_\_

Name/Title of Bank Representative Executing Agreement: \_\_\_\_\_

**10. Verification**

The person(s) whose name(s) appear below certify that they are authorized to execute the Application, that they have reviewed the responses to the Application and the attachments to it, and that all the facts set forth therein are true and correct to the best of their knowledge, information, and belief. This Verification is made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsifications to authorities.

*The Township prefers that documents are signed in **BLUE** ink, if possible.*

**OWNER(S)**

**APPLICANT(S)**

\_\_\_\_\_  
**Signature of Individual or Authorized Agent / Date**

\_\_\_\_\_  
**Signature of Individual or Authorized agent / Date**

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
**Signature of Individual or Authorized Agent / Date**

\_\_\_\_\_  
**Signature of Individual or Authorized agent / Date**

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Printed Name of Individual or Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Title of Authorized Agent*

\_\_\_\_\_  
*Business Entity / Corporation*

\_\_\_\_\_  
*Business Entity / Corporation*

**FOR COMPLETION BY THE TOWNSHIP (BELOW THIS LINE)**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWNSHIP FEE: \_\_\_\_\_

TOWNSHIP ESCROW: \_\_\_\_\_

90-DAY REVIEW EXPIRES: \_\_\_\_\_