

Date

Administration 610.495.6432

Police 610.495.7909 FAX 610.495.0353

For Completion by Township:
Received by:
Date:

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

CONFIRMED APPOINTMENT REQUEST FORM

	the Board of Supervisors. This form must be	re Township Staff no later than 7 calendar days prior completed, signed, and submitted with an electronic
Name:		
Address:		
Phone:	Fax:	Cell:
E-Mail:		
Location of Prope	rty: (Address & Street Name, if any):	
Brief Description	of Discussion:	
would require the submission is not right to submit a acknowledging the or land developme advisory and is n applicant may be the Township proffee. The Townshi	board to take any action. By signing this app a plan submission and is not requesting a vote plan to be considered for board action; howe at the materials sent to the Township are not a p ent. The undersigned further acknowledges that ot binding in any way. There is no fee to be asked to sign a professional services letter to re- fessional staff. The payment to the Township to	iminary plan, final plan or any other kind of plan that lication, the undersigned is acknowledging that their in any manner whatsoever. The undersigned has the ever, by signing this application, the undersigned is lan submission and not an application for subdivision at any feedback given by the board or staff is simply a submitted with this plan submission, however, the eimburse the Township for any expenses incurred by a reimburse for professional fees is not an application evelopment review, but this is not that procedure and in the Municipalities Planning Code.
Signature		Printed Name