



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)

## ACT 537 – PLANNING MODULE REVIEW

1 COPY OF APPLICATION AND 2 COPIES OF THE PACKET REQUIRED

ALL PACKETS SHALL BE DATED WITH ALL REVISIONS AND MUST BEAR THE NAMES OF: (1) THE PERSON WHO PREPARED THE PLAN; (2) THE APPLICANT; AND (3) THE OWNER OF THE LAND. FEES MUST BE SUBMITTED WITH THE APPLICATION. SUBMIT TWO CHECKS FOR THE FEES AND ESCROW PAYABLE TO "LIMERICK TOWNSHIP".

### 1. APPLICANT PROPOSES THE FOLLOWING ACTIVITIES:

SCOPE OF WORK \_\_\_\_\_

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

SUBDIVISION \_\_\_\_\_ TAX MAP PARCEL NO. \_\_\_\_\_

ESTIMATED START DATE \_\_\_\_\_ ESTIMATED COMPLETION DATE \_\_\_\_\_

### 2. IDENTIFICATION INFORMATION

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET, CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

OWNER NAME (IF DIFFERENT FROM APPLICANT NAME) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET, CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

DESIGN PROFESSIONAL NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET, CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF INDIVIDUAL INSPECTING BMP INSTALLATION \_\_\_\_\_ PA LICENSE NO.: \_\_\_\_\_

### 3. FEES PER RESOLUTION

ACT 537	
Planning Module Review (for projects not associated with a Land Dev. Application)	\$1,550.00

#### 4. CERTIFICATION & ACKNOWLEDGEMENT

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 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.

PLEASE BE ADVISED, DEPOSIT OF THE CHECKS REPRESENTING THE FEE(S) AND ENGINEERING ESCROW AMOUNTS FOR THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OR GRANTING OF SAME BY LIMERICK TOWNSHIP. REGARDING THE ESCROW, THE APPLICANT IS RESPONSIBLE FOR THE ACTUAL COST. FUNDS SHALL BE REPLENISHED AT REQUEST OF TOWNSHIP. AT COMPLETION OF PROJECT, BALANCE OF ESCROW FUNDS WILL BE RETURNED UPON REQUEST.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
 OWNER     APPLICANT     DESIGN PROFESSIONAL

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*TOWNSHIP USE ONLY BELOW THIS LINE*

PACKET REVIEW \_\_\_\_\_ DATE \_\_\_\_\_  
REVISION DATE OF RESUBMITTED PACKET \_\_\_\_\_