

SUBMISSION REQUIREMENTS FOR: NON-RESIDENTIAL PLAN REVIEW

The following is a list of submission requirements for plan review. This list is not all encompassing but is intended to be a general guide for those who are unfamiliar with Limerick Township's plan review submission requirements. The plans examiner may require more items than listed as this is only a general guideline. Please ensure that all items have been reviewed for completion as they apply to each project, as this will facilitate the review and approval process.

Commercial Contractors are required to be registered with Limerick Township prior to performing any work (see link to registration form [here](#)). A copy of a Certificate of Insurance is also required to be submitted with each Uniform Construction Code (UCC) Application.

GENERAL

- Two sets of drawings, including a site plan are included.
- Drawings shall be sealed, signed, and dated by a Pennsylvania Licensed design professional.
- Drawings must be neatly drawn with clean and clear lettering, showing a precise scope of work. If alternative methods or alternate bid descriptions are placed on the drawings, they will be denied. The plans must reflect the actual field construction.

SITE PLAN

- Site plan is prepared to scale, not less than 1" = 20', with a legend and north arrow.
- Plan indicates correct street address and parcel number.
- Identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans.
- Show all accessible route details: parking; signage; curb cuts; ramps; access ways to the building; accessible building entrances; accessible building exits.
- Existing and proposed driveway entrances, including emergency access roads.
- Show all easements, flood ways, and required buffers.
- Show all buffer and screening landscaping.
- Provide location of utilities.
- Provide location of fire hydrants, fire department connections, post indicator valves, fire apparatus turning radius, fire access lanes.

ARCHITECTURAL

- Show architectural floor plans of each floor. **Plans shall be a minimum of 24"x36"** and drawn to a scale of not less than 1/8" = 1', unless alternative approval is given.
- Provide the Building Code.

ARCHITECTURAL (continued)

- Provide the construction type.
- Provide the use and occupancy classification. If there are multiple classifications, identify each classification by outlining or highlighting on the plans each area associated with each different classification.
- Provide the total occupant load for the building.
- Provide the occupant load for each room or space.
- Provide the occupant load for each fire area.
- Provide the location of any rated assemblies and the type and rating of the assembly (ie fire wall, fire partition, fire barrier, sound barrier etc).
- Show the area of each floor.
- Identify the names and uses of each room or space.
- Provide door, window, and room finish schedule.
- Elevations with dimensions defining overall building height, floor-to-floor heights, heights-to-ridge or eave. For existing buildings, it is recommended to provide exterior photographs of the building.
- Provide basement percentage-below-grade calculations.
- Show roof slopes, drainage system, and sized through wall scuppers, if applicable and secondary roof drainage details.
- Show wall sections and corresponding details.
- Show occupancy calculations for Assembly occupancies.
- Show plumbing fixtures and calculation used to determine correct number of fixtures.
- If masonry construction is proposed, include: type of brick ties; weep hole spacing; flashing details; cleanout locations
- Identify all areas where hazardous materials are stored or used. Submit all MSDS's and indicate quantities, method storage or use, control areas, etc associated with a hazardous materials review.
- Provide details of floor slab vapor barrier.
- Provide detail showing method of foundation water-proofing, where applicable.
- Provide the calculation used to determine means of egress width. If multiple means of egress are provided, also provide detail on how the occupant load has been dispersed.

STRUCTURAL

- Show foundation plans indicating the proposed slab elevations and type of foundation.
- Indicate dimensions of foundations and related fastening components.
- Show type, size, and location of piling and pile caps for pile type foundations.
- Show grade beam dimensions and accurate locations.
- Indicate a footing schedule that defines footing sizes and the required reinforcing steel.
- Show the established footing depth below grade and the method of frost protection.
- Indicate size, locations, spacing, lap-splice and tie details of reinforcing steel.
- Provide strength of concrete required in accordance with the engineered design.
- Show beams, joists, girders, rafters, headers, truss layout, connection and fastener details, gage of steel components, species and grade of lumber products.
- Provide a lintel schedule if applicable.
- Indicate the design dead and live, wind, snow, seismic loads for floors, roofs, balconies, porches, breezeways, corridors, stairs, mezzanines, platforms, etc.
- Indicate areas of concentrated loads and additional means of support related to the additional loads.

MECHANICAL

- Show all wall louvers, penetrations, and fans.
- Indicate locations of roof-mounted equipment.
- Provide a mechanical plan for each floor and roof area. Plans shall show the ductwork layouts, schedules, notes, legends, piping schematics, duct sizes.
- Provide fuel-gas piping size, lengths, input BTUH of each connected appliance, pipe material, fuel-gas pressure.
- Indicate air distribution devices and show cfm for all supply, return, and exhaust devices.
- Show the location of all equipment and related components for each complete system.
- Show the smoke ventilation of atriums and pressurization of high-rise stairwells.
- Show primary and secondary condensation drains, including size and material, from appliance to point of discharge.
- Indicate toilet exhaust cfm, termination point, and calculation to determine cfm.
- Show mechanical and refrigeration rooms and dimensions.
- Show location of all fire and/or smoke dampers.
- Provide outside air ventilation rates.
- Provide heating and cooling load calculations

ELECTRICAL

- Electrical Plans must be approved and signed by a Third-Party Electrical Inspection Agency and be included with the construction drawings when submitting the application for the permit.

PLUMBING

- Show location of water meters and backflow prevention devices.
- Show location of all interceptors and grease traps and show flow through calculations used to determine size. Provide size and specs on each interceptor and trap.
- Provide plumbing plan layouts for each floor. Plans shall show water distribution system and drain-waste-vent system.
- Provide size and material of all plumbing piping and tubing.
- Show all fixtures and related plumbing items.
- Provide a riser diagram for each system, and include fixture identification and material type and size.
- Show toilet room details at a minimum $\frac{1}{4}$ " = 1' dimension. Include all accessibility related items and measurements.
- If not provided, show plumbing facilities calculations used and fixture schedule.

FIRE

- Complete a sprinkler design data sheet, and provide on the first page of the fire suppression drawings.
- Plans shall include all items listed in section 23.1.3 of NFPA 13 for water-based fire protection systems.
- Plans shall include all items listed in section 907.1.2 of the 09 IBC.
- Provide a reflected ceiling plan that shows head, appliance, device, and associated equipment locations.
- Provide cut-sheets or manufacturer's specifications for each component of each system.
- Provide details on method and materials of storage and commodity classification.



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

**UNIFORM CONSTRUCTION CODE APPLICATION FOR:
NON-RESIDENTIAL CONSTRUCTION**

1. PROJECT INFORMATION:

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Partial Change of Use
<input type="checkbox"/> Complete Change of Use <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Other:				
Description of Work:				

Attach additional information as needed

2. PROPERTY INFORMATION:

Site Address:	Street #	Street Name	City	Zip
Tax Parcel #:				
Utilities:	<input type="checkbox"/> Public Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Private Septic
Is Any Portion of the Property in a Flood Hazard Area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the Property Have Any Easements, Right-Of-Ways, or Other Restrictions?				

Owner:	First and Last or Company	Phone:	Email:	
Mail Address:	Street #	Street Name	City	Zip/State

Design Professional in Responsible Charge:	First and Last Name			
Firm or Company Name:	Website:			
Phone #:	Fax #:	Email:		
Design Professional in Responsible Charge License #:				
Mail Address:	Street #	Street Name	City	Zip/State

Authorized Agent (General Contractor, Building Manager, etc.)	First and Last Name			
Phone #:	Fax #:	Email:		
Mail Address:	Street #	Street Name	City	Zip/State

3. BUILDING GENERAL INFORMATION:

Description of Building Use:										
Current Approved Use and Occupancy Group (Ch3 IBC): Proposed:										
Construction Type:	<input type="checkbox"/> IA	<input type="checkbox"/> IIA	<input type="checkbox"/> IB	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> IV	<input type="checkbox"/> VA	<input type="checkbox"/> VB	
Existing Total Occupant Load:	Proposed Total Occupant Load:									
Building Height:	Stories Above Grade Plane:	Total Area:								
Automatic Fire Sprinkler System:		Other Fire Suppression:								
Fire Alarm System:		Smoke Control System:								
Elevator:	Boiler:	Access to a State Highway:			Propane or LPG:					
Project Associated with Health Care Facilities Act?										
Project Associated with Older Adult Daily Living Centers Licensing Act?										
Other Regulatory or Governing Entities?										

UNIFORM CONSTRUCTION CODE APPLICATION FOR:
NON-RESIDENTIAL CONSTRUCTION

4. BUILDING SYSTEM INFORMATION:

Electrical:	Service Size: _____			Service Voltage: _____		Utility Company: _____																																																										
	Backup Generator: _____			Photovoltaic (solar): _____		Turbine/wind: _____																																																										
Mechanical:	Fuel: <input type="checkbox"/> Nat Gas <input type="checkbox"/> LPG <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other: Hazardous Exhaust: _____ Battery Charging Area: _____ Kitchen Hood Ventilation: _____ Wood/Solid Fuel Appliance: _____ Machinery Room: _____ Refrigerant Room: _____																																																															
Plumbing:	Fixture Type and Quantity <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Clothes Washer:</td> <td></td> <td>Bathtub:</td> <td></td> <td colspan="4">Floor Drain:</td> </tr> <tr> <td>Comb. Sink & Tray:</td> <td></td> <td>Dental Lav:</td> <td></td> <td colspan="4">Dental Cuspidor:</td> </tr> <tr> <td>Dishwasher:</td> <td></td> <td>Bidet:</td> <td></td> <td colspan="4">Drinking Fountain:</td> </tr> <tr> <td>Floor Sink:</td> <td></td> <td>Laundry Tray:</td> <td></td> <td colspan="4">Kitchen Sink:</td> </tr> <tr> <td>Service Sink:</td> <td></td> <td>Lavatory:</td> <td></td> <td colspan="4">Shower:</td> </tr> <tr> <td>Other Sink:</td> <td></td> <td>Urinal:</td> <td></td> <td colspan="4">Wash Sink:</td> </tr> <tr> <td>Water Closet:</td> <td></td> <td>Other:</td> <td></td> <td colspan="4">TOTAL:</td> </tr> </table>								Clothes Washer:		Bathtub:		Floor Drain:				Comb. Sink & Tray:		Dental Lav:		Dental Cuspidor:				Dishwasher:		Bidet:		Drinking Fountain:				Floor Sink:		Laundry Tray:		Kitchen Sink:				Service Sink:		Lavatory:		Shower:				Other Sink:		Urinal:		Wash Sink:				Water Closet:		Other:		TOTAL:			
Clothes Washer:		Bathtub:		Floor Drain:																																																												
Comb. Sink & Tray:		Dental Lav:		Dental Cuspidor:																																																												
Dishwasher:		Bidet:		Drinking Fountain:																																																												
Floor Sink:		Laundry Tray:		Kitchen Sink:																																																												
Service Sink:		Lavatory:		Shower:																																																												
Other Sink:		Urinal:		Wash Sink:																																																												
Water Closet:		Other:		TOTAL:																																																												
Fire:	Suppression Type: <input type="checkbox"/> Dry System <input type="checkbox"/> Wet System <input type="checkbox"/> Chemical <input type="checkbox"/> Other Fire Alarm System: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Hazardous Gas Detection <input type="checkbox"/> Entire Building Coverage <input type="checkbox"/> Partial Building Coverage Fire Department Connection Type and Location: Fire Lane: _____ Fire Hydrant on Premises: _____ Post Indicator Valves: _____ Standpipe System: <input type="checkbox"/> Automatic Dry <input type="checkbox"/> Automatic Wet <input type="checkbox"/> Manual Dry <input type="checkbox"/> Manual Wet <input type="checkbox"/> Semiautomatic Dry <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Booster Pump																																																															

5. APPLICATION SUBMISSION REQUIREMENTS (check after reading)

<input type="checkbox"/> This PA UCC application is considered <u>denied</u> until all other approvals have been provided for. This includes but is not limited to: Zoning; Land Development; Grading; PennDOT Highway Occupancy; PA Dept of Labor and Industry; Montgomery County Health Department, etc.
<input type="checkbox"/> Two sets of construction documents submitted for review shall be submitted on a minimum of 24"x36" (ARCH D) size. Additional copies and other documents or approvals may be requested at the determination of the Building Code Official or designee.
<input type="checkbox"/> Upon submission approval, send electronic PDFs (thumb drive only) of: Building, Plumbing, Mechanical & Electrical plans.

6. CONSTRUCTION VALUATION

General Site/Building:	Electrical:	Mechanical:
Plumbing:	Fire:	Other:
		Total:

UNIFORM CONSTRUCTION CODE APPLICATION FOR:
NON-RESIDENTIAL CONSTRUCTION

7. CERTIFICATION

The applicant hereby certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 of 1999 (Pennsylvania Uniform Construction Code) and all other applicable laws of this jurisdiction. The applicant also certifies that the content of the certificate of Workers Compensation Insurance or Affidavit on file with Limerick Township is still in effect with no changes in coverage.

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 deny or 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.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such application and permit(s).

Signature of Owner

Date

Signature of Agent

Date

Point of Contact:	First and Last Name	Email:
Phone #:	Cell #:	Fax #:

TOWNSHIP USE ONLY BELOW THIS LINE

Zoning:

EDU:

UCC:

Fire:

Permit #



Administration 610.495.6432
Police 610.495.7909
FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

ZONING INFORMATION

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

1. SITE ADDRESS _____ ZONING DISTRICT _____
2. SUBDIVISION NAME _____ IS YOUR PROPERTY PART OF AN HOA? YES NO
3. BUILDING USE: PERSONAL/HOBBY/RESIDENTIAL BUSINESS OR HOME OCCUPATION
4. WILL THERE BE NEW IMPERVIOUS SURFACE? YES NO SF _____
5. WILL THERE BE EARTH DISTURBANCE? (EXCAVATIONS & GRADING) YES NO SF _____
6. WILL THERE BE VEGETATION DISTURBANCE > 25,000 SF YES NO SF _____
7. WILL THERE BE A RELOCATION OF THE WELL OR SEPTIC SYSTEM? YES NO
8. WILL THERE BE ADDITIONAL BEDROOMS? YES NO
9. PROVIDE THE TOTAL AMOUNT (EXISTING & PROPOSED) BUILDING COVERAGE ON PROPERTY. THIS INCLUDES ANY AREA COVERED WITH ROOFS SUCH AS BALCONIES, PORCHES, ETC. FOR RESIDENTIAL PROJECTS, DO NOT INCLUDE DECKS OR PATIOS. FOR NON-RESIDENTIAL PROJECTS DECKS AND PATIOS SHALL BE INCLUDED.
TOTAL BUILDING COVERAGE: EXISTING: _____ SF PROPOSED: _____ SF
LOT SIZE: _____ ACRES
10. PLOT PLAN REQUIREMENTS CHECKLIST – A PLOT PLAN MUST BE SUBMITTED WITH THE APPLICATION. ALL OF THE FOLLOWING MUST BE CLEARLY ILLUSTRATED AND IDENTIFIED ON THE ATTACHED PLOT PLAN OR NOTED AS NOT PRESENT ON THE PARCEL:
 - 1. PROPERTY LINES INCLUDE BEARING AND DISTANCE INFORMATION, IF READILY AVAILABLE.
 - 2. ALL EASEMENTS AND/OR REQUIRED BUFFERYARDS.
 - 3. OUTLINE OF ALL STRUCTURES (HOUSE, SHEDS, PORCHES, POOLS, ETC.)
 - 4. DISTANCE OF THE PROPOSED STRUCTURE TO THE SIDE AND REAR PROPERTY LINE AND CENTERLINE OF STREET/ROAD.
 - 5. DRIVEWAY LOCATION & WIDTH.
 - 6. EXISTING AND PROPOSED UTILITY LOCATIONS.

NOTES

1. STRUCTURES CANNOT BE PLACED IN EASEMENTS OR RIGHT-OF-WAYS.
2. WHEN ADDING ADDITIONAL BEDROOMS TO A DWELLING WITH ON-LOT SEPTIC SYSTEMS, APPROVAL FROM MONTGOMERY COUNTY HEALTH DEPARTMENT IS REQUIRED.



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

APPLICATION FOR ELECTRICAL PERMIT

Job Location: _____

Suite: _____ Floor: _____ Tenant: _____

Property Owner: _____

Address: _____

Phone #: _____ Email: _____

Electrical Contractor: _____

Address: _____

Phone #: _____ Email: _____

Inspection Agency: _____

Cost of Work: _____ Description of Work: _____

- **NON-RESIDENTIAL WORK REQUIRES 2 SETS OF SIGNED & SEALED PLANS.**
- ALL WORK SHALL COMPLY WITH THE CURRENT NATIONAL ELECTRICAL CODE.
- ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR ARRANGING ALL INSPECTIONS.

Electrical Contractor

Date

TO BE COMPLETED BY TOWNSHIP:

Permit Fee: RESIDENTIAL: _____ NON-RESIDENTIAL: _____

THIRD PARTY ELECTRICAL INSPECTION AGENCIES 2025

You must submit the Electrical Application with your plans to one of the agencies listed below for their review and approval. Once you receive approval, please submit the approval and plans along with the rest of the UCC Application to the Limerick Township Code Department. Limerick Township cannot answer any questions on behalf of the agencies listed below. Please contact them directly if you have questions regarding billing for their services.

- 1) **Middle Department Inspection Agency, Inc.**
404 West Ridge Pike
Conshohocken, PA 19428
PHONE: 800-992-6342
FAX: 215-244-1927
EMAIL: edpaugh@mdia.us
- 2) **Faulkner Inspection Services, LLC**
1201 Cherry Wood Court
Phoenixville, PA 19460
PHONE: 610-350-9957
FAX: 610-933-5509
EMAIL: mtfaulkner@msn.com
- 3) **Bureau Veritas North America**
790 Park Way Drive
Broomall, PA 19008
PHONE: 610-543-3925
FAX: 610-543-1933
EMAIL: carol.barker@bureauveritas.com
- 4) **United Inspection Agency**
716 N. Bethlehem Pike, Suite 300
Lower Gwynedd, PA 19002-2656
PHONE: 215-542-9977
FAX: 215-540-9721
EMAIL: info@unitedinspectionagency.com
- 5) **Middle Atlantic Electrical Inspections**
302 East Pennsylvania Boulevard
Feasterville, PA 19053
PHONE: 215-322-2626
FAX: 215-364-7921
EMAIL: brisi@biuinc.com
- 6) **American Inspection Agency, Inc.**
342 Miller Road
Sinking Spring, PA 19608
PHONE: 610-678-4336
FAX: 610-678-4359
EMAIL: aia.inc@juno.com
- 7) **Code Inspections, Inc.**
603 Horsham Road
Horsham, PA 19044
PHONE: 215-672-9400
FAX: 215-672-9736
EMAIL: contact@codeinspections.net
- 8) **Commonwealth Code Inspection Services**
176 Doe Run Road
Manheim, PA 17545
PHONE: 717-664-2347
FAX: 717-664-4953
EMAIL: talksoon@commonwealthcode.com
- 9) **Underwriter Inspection Services, Inc.**
153 N. Reed Road
Limerick, PA 19468
PHONE: 610-495-2803
EMAIL: codecopuis@gmail.com
EMAIL: codecop@comcast.net
- 10) **Bower Code Services & Inspections, LLC**
1104 Rapps Dam Road, Apt. 24
Phoenixville, PA 19460
PHONE: 484-345-8986
EMAIL: bowercodeservices@gmail.com