



**Administration 610.495.6432**

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FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

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

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**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:	<b>Fixture Type and Quantity</b> <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 &amp; 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"><b>TOTAL:</b></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:		<b>TOTAL:</b>			
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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 <b>Fire Department Connection Type and Location:</b> 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:

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**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).

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Signature of Owner

Date

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Signature of Agent

Date

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

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*TOWNSHIP USE ONLY BELOW THIS LINE*

Zoning:

EDU:

UCC:

Fire:

Permit #

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