



Administration 610.495.6432

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646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

RESIDENTIAL CONSTRUCTION APPLICATION: UNIFORM CONSTRUCTION CODE/ZONING

1. PROJECT INFORMATION:

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Alternative Energy	<input type="checkbox"/> Swimming Pool, Spa, or Hot Tub <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	
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:					
Building Height:		Stories Above Grade Plane:		Access to a State Highway:	
Automatic Fire Sprinkler System:		Other Fire Suppression:			
Fire Alarm System:		Security Alarm System:			
Project Associated with a Manufactured Home (mobile home, trailer, etc.)?					
Elevator:		Propane or LPG:		Existing Area (sq/ft):	Proposed Area (sq/ft):
Other Regulatory or Governing Entities?					

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:
	Wood/Solid Fuel Appliance:		Exterior Grill or Cooking Appliance:		

Plumbing:	Fixture Type and Quantity				
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:	

5. APPLICATION SUBMISSION REQUIREMENTS *(check after reading)*

- ☐ This PA UCC application is considered denied 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.
- ☐ 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.

6. CONSTRUCTION VALUATION

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

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

TOWNSHIP USE ONLY BELOW THIS LINE

Zoning:	EDU:	UCC:	Fire:	Permit #
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