



James Lucas
Director of Code Services
Codes@LimerickPA.org
610.495.6432

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

PERMIT # _____
TO BE COMPLETED BY TOWNSHIP

RESIDENTIAL CONSTRUCTION PERMIT: APPLICANT INFORMATION

2021 IRC CODE

PROPERTY INFORMATION:

| | | | |
|---|---|----------|---------|
| Work Site Address: | Street Address | | |
| | City | State | ZIP |
| Subdivision: | Subdivision (if applicable) | | |
| Property Owner: | Owner Name | | |
| Property Owner Email: | Property Owner Email | Phone #: | Phone # |
| Property Owner Address: (if different than Work Site) | Street Address | | |
| | City | State | ZIP |
| Existing Use(s) of Building: | Building Use Details | | |
| Construction Type: | <input type="checkbox"/> I-A <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> II-B <input type="checkbox"/> III-A <input type="checkbox"/> III-B <input type="checkbox"/> IV <input type="checkbox"/> V-A <input type="checkbox"/> V-B | | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If "yes" to restrictions, provide detail: | Details on Property Restrictions | | |

CONTRACTOR INFORMATION:

| | | | |
|-------------------------------------|-------------------------|----------|-----------|
| Contractor Company Performing Work: | Contractor Company Name | | |
| Contractor Contact: | First & Last Name | | |
| Contractor Email: | Contractor Email | Phone #: | Phone # |
| Contractor Address: | Company Street Address | City | State/ZIP |

Please refer to the next page(s) to provide additional details on the work to be performed. Permit application will not be accepted unless all requested information and documentation is submitted with the application.

Note: Pennsylvania Act 45 allows up to fifteen (15) business days for residential projects and up to thirty (30) business days for commercial projects to be reviewed by the jurisdiction. We strive to keep these review times to a minimum, and in many cases can turn around reviews in seven (7) business days or less. However, during peak construction times please expect the more traditional review times as outlined in the state law to apply. Upon conclusion of the permit review, you will be contacted via email for additional information, if needed, or notified of the fee for your approved construction permit.

TOWNSHIP USE ONLY BELOW THIS LINE

Zoning: _____ UCC: _____ Fire: _____ Permit # _____



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RESIDENTIAL CONSTRUCTION PERMIT APPLICATION: HVAC / MECHANICAL

1. GENERAL PROJECT INFORMATION

| | | | |
|-----------------------|--|-------|--|
| Location of Project: | | Cost: | |
| Type of Project Work: | <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Other _____ | | |
| Type of Fuel: | <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> LPG | | |

2. MECHANICAL PROJECT DETAILS

| TYPE | QUANTITY | TYPE | QUANTITY | TYPE | QUANTITY |
|---|----------|-----------------------|----------|-------------------|----------|
| CLOTHES DRYER | | AIR CONDITIONING UNIT | | FORCED AIR SYSTEM | |
| RANGE HOOD | | REFRIGERATION UNIT | | GRAVITY SYSTEM | |
| CONVERSION BURNER | | BOILER | | FLOOR FURNACE | |
| VENTILATION FAN | | AIR HANDLING | | WALL HEATER | |
| INCINERATOR | | GAS PIPING | | UNIT HEATER | |
| RANGE <input type="checkbox"/> COM <input type="checkbox"/> RES | | OTHER _____ | | OTHER _____ | |

PLEASE PROVIDE TWO (2) SETS OF CONSTRUCTION DOCUMENTS FOR REVIEW. PLEASE INCLUDE MANUFACTURER SPECIFICATIONS, DIAGRAMS, ENGINEERED CALCULATIONS, LOCATION, NATURE, AND EXTENT OF WORK.

3. 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 or Authorized Agent/Contractor

Date