



LIMERICK TOWNSHIP

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468
PHONE (610) 495-6432 FAX (610) 495-0952
WWW.LIMERICKPA.ORG

APPLICATION FOR RE-ZONING

1. APPLICATION IS MADE THIS _____ DAY OF _____, 20____. APPELLANT HEREWITH APPLIES FOR RE-ZONING OF

TAX PARCEL ID #37 -- ____ -- ____ -- ____ -- ____ -- ____ (BLOCK NO. ____ UNIT NO. ____).
(USE ATTACHMENT FOR ADDITIONAL PARCELS)

PROPERTY ADDRESS _____
LIMERICK/ ROYERSFORD/LINFIELD, POTTSTOWN OR SCHWENKSVILLE, PA

PRESENT USE _____

UTILITIES: PUBLIC WATER PUBLIC SEWER WELL WATER SEPTIC SYSTEM

IS ANY PART OF YOUR PROPERTY IN A FLOODPLAIN? YES NO

EXISTING ZONING DISTRICT _____ PROPOSED ZONING DISTRICT _____

2. APPELLANT INFORMATION APPELLANT IS THE OWNER EQUITABLE OWNER TENANT OTHER _____

NAME _____

ADDRESS _____

TELEPHONE # _____ EMAIL _____
(BUSINESS CELL)

LEGAL COUNCIL INFORMATION

NAME _____

ADDRESS _____

TELEPHONE # _____ EMAIL _____
(BUSINESS CELL)

3. PROPERTY INFORMATION

OWNER NAME _____

OWNER ADDRESS _____

TELEPHONE # _____ EMAIL _____
(HOME WORK CELL)

APPLICATION FOR RE-ZONING

PROPERTY ADDRESS _____

4. STATE THE REASON(S) WHY THIS APPLICATION SHOULD BE ALLOWED

5. CERTIFICATION FOR APPELLANT

I HEREBY CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

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.

DATE _____ SIGNATURE _____ (SEAL)

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF MONTGOMERY:

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 ____.

_____ MY COMMISSION EXPIRES _____

NOTARY PUBLIC

6. OWNER ACKNOWLEDGEMENT TO BE SIGNED BY THE OWNER, IF THE OWNER IS NOT THE APPELLANT.

I ACKNOWLEDGE THAT THE APPELLANT HAS MADE APPLICATION FOR RE- ZONING.

DATE _____ SIGNATURE _____

TOWNSHIP USE ONLY BELOW THIS LINE

FEES: ESCROW \$5,500.00 APPLICATION FEE (AMENDMENTS TO ZONING MAP) \$550.00

RECEIVED BY _____ DATE _____

COPY: BOARD OF SUPERVISORS (4) TWP SOLICITOR (2) TWP ENGINEER
PLANNING COMMISSION (3) TWP MANAGER FILE (ORIGINAL)

NOTICE TO THE APPELLANT

ITEMS TO BE SUBMITTED WITH THE APPLICATION FOR RE- ZONING

THE APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL ITEMS HAVE BEEN SUBMITTED AND DEEMED COMPLETE BY THE ZONING OFFICER.

- ONE (1) COMPLETE ORIGINAL APPLICATION SIGNED BY THE APPELLANT AND NOTARIZED.
 - ELEVEN (11) COPIES OF ABOVE MENTIONED APPLICATION.
 - ELECTRONIC COPY OF ALL PLANS – PDF FORMAT, VIA AN EMAIL SENT TO THE ZONING OFFICER OR TOWNSHIP SECRETARY.
 - CHECK PAYABLE TO LIMERICK TOWNSHIP FOR THE APPLICABLE FEE.
 - TWELVE (12) COPIES OF THE DEED
 - TWELVE (12) COPIES OF THE PLOT PLAN, AS APPLICABLE
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