



GENERAL INFORMATION FORM FOR COMPLETING ZONING USE PERMIT

INTENT: THE PERMIT IS INTENDED FOR PROSPECTIVE TENANTS TO OBTAIN COMPREHENSIVE, HIGH-LEVEL FEEDBACK FROM ALL TOWNSHIP DEPARTMENTS SO TO UNDERSTAND THE COSTS/NEEDS TO OCCUPY A SPACE. THIS CAN BE DONE PRIOR TO SIGNING A LEASE AGREEMENT AND IS RECOMMENDED TO BE OBTAINED BEFORE FILING ANY OTHER PERMIT NEEDED TO OCCUPY THE SPACE. THE PERMIT MUST BE PROCESSED PRIOR TO OCCUPANCY.

PERMIT COST IS \$100.00. THE ZONING OFFICER WILL ISSUE A LETTER NOTING BELOW REQUIREMENTS AS NEEDED.

- A. **ZONING** – ZONING REVIEW INCLUDES USE REVIEW WITH RESPECT TO UNDERLYING DISTRICT. THE NUMBER OF EXISTING PARKING SPACES IS REVIEWED WITH RESPECT TO THE PROPOSED USE TO ENSURE ADEQUATE PARKING IS AVAILABLE. THE ZONING OFFICER ALSO REVIEWS FOR ACT 209 COMPLIANCE.
- B. **BUILDING** – THE BUILDING CODE OFFICIAL WILL REVIEW CHANGE OF USE TO DETERMINE IF THAT CHANGE TRIGGERS REQUIRED BUILDING UPGRADES, WHICH MAY INCLUDE: ACCESSIBILITY, STRUCTURAL, MECHANICAL, ETC.
- C. **ROADWAY** – THE ROAD MASTER WILL REVIEW ANY DEFICIENCIES ON EXISTING DRIVEWAY OR ROADSIDE DRAINAGE.
- D. **EMERGENCY OPERATIONS PLAN** – THE TOWNSHIP DEPARTMENT OF EMERGENCY SERVICES WILL REVIEW THE PERMIT TO ENSURE EMERGENCY OPERATIONS ARE COORDINATED WITH EMERGENCY PERSONNEL (POLICE, FIRE, COUNTY DEPARTMENT OF PUBLIC SAFETY) SO THAT PROPER DOCUMENTATION IS FILED IN THE EVENT OF AN EMERGENCY. THIS INCLUDES A REVIEW OF THE CURRENT STREET ADDRESS.
- E. **LIFE/SAFETY** – PRIOR TO OCCUPANCY, A LIFE/SAFETY INSPECTION IS PERFORMED ON-SITE TO ENSURE ADEQUATE EMERGENCY LIGHTING, CLEAR EGRESS, CURRENT TAGS ON FIRE EXTINGUISHERS, FRONT AND BACK DOORS CLEARLY MARKED WITH THE PROPERTY ADDRESS AND SUITE NUMBER (WHERE APPLICABLE), NOTE: ALL NEW LETTERING SHOULD BE AT LEAST 4 INCHES IN HEIGHT.
- F. **MISCELLANEOUS**
CARNIVALS – BE SURE TO INCLUDE:
 - 1. PENNSYLVANIA DEPARTMENT OF AGRICULTURAL - ANNUAL INSPECTION CERTIFICATION AND REGISTRATION FOR RIDES
 - 2. MONTGOMERY COUNTY DEPARTMENT OF HEALTH - TEMPORARY FOOD HANDLERS LICENSE
 - 3. ELECTRICAL INSPECTION - 48 HOURS PRIOR TO THE START OF THE EVENT, SUBMIT THIRD PARTY ELECTRICAL INSPECTION OR ELECTRICAL UNDERWRITER FOR ALL CONNECTIONS TO EXISTING FACILITIES.



Greta Martin Washington
 Director of Community Planning
 Zoning@LimerickPA.org
 Administration 610.495.6432
 Police 610.495.7909
 FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

APPLICATION FOR ZONING USE

(ZONING ORDINANCE 184-14 & 15, 184-60)

REVIEW INCLUDES: ZONING, TRAFFIC IMPACT & REQUIRED BUILDING UPDATES

PROPOSED USE- CHECK ALL THAT APPLY:

NON-RESIDENTIAL CONSTRUCTION

CHANGE IN USE OF A STRUCTURE

TEMPORARY USES

TEMPORARY RESIDENCE

NEW/EXPANDED OUTDOOR DISPLAY

CHANGE IN USE OF LAND

TEMPORARY SALES

CHANGE IN OCCUPANCY (NON-RESIDENTIAL)

CHANGE IN USE OF A NON-CONFORMING USE

CARNIVAL

ALTERATIONS PROPOSED YES NO IF YES, PLEASE DESCRIBE SCOPE OF WORK _____

1. BUSINESS NAME /DBA _____

PROPOSED USE (RESTAURANT, RETAIL, AUTO REPAIRS, ETC.) _____

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

HOURS OF OPERATION: _____ MON _____ TUE _____ WED _____ THUR _____ FRI _____ SAT _____ SUN

FORMER BUSINESS (IF KNOWN) _____

UTILITIES WATER: PUBLIC WELL SEWER: PUBLIC ONSITE GAS: _____

IF THE PROPOSED BUSINESS IS LOCATED WITHIN A MULTI-TENANT PROPERTY, THE PROPERTY OWNER IS TO SUBMIT A COMPLETE TENANT LIST FOR THE BUILDING (SEE PAGE 3).

2. APPLICANT (NAME OF CONTACT PERSON) _____

APPLICANT'S ADDRESS _____

TELEPHONE # _____ EMAIL _____

APPLICANT IS OWNER AGENT TENANT

3. OWNER OF PROPERTY/LANDLORD _____

OWNER'S ADDRESS (IF DIFFERENT FROM APPLICANT) _____

TELEPHONE # _____ EMAIL _____

4. ZONING INFORMATION

a. SQUARE FOOTAGE OF EACH TYPE OF USE (OFFICE, MANUFACTURING FLOOR, CUSTOMER ETC.)

i. GROSS FLOOR AREA: _____ SF

ii. USE 1: _____ AREA: _____ SF

iii. USE 2: _____ AREA: _____ SF

b. NUMBER OF EXISTING PARKING SPACES: _____



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4. PLANS REQUIRED TO BE SUBMITTED WITH APPLICATION

SITE PLAN/ZONING PLAN MUST INCLUDE:

- a. LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING
- b. FLOOR PLANS OF SPACE TO INCLUDE SQUARE FOOTAGE DEDICATED TO EACH TYPE OF PROPOSED USE (MANUFACTURING FLOOR, OFFICE AREA, ETC.)
- c. THE NUMBER OF PARKING SPACES
- d. ANY BARRIER FENCES
- e. FIRE LANES
- f. LOCATION OF CLOSEST FIRE HYDRANTS
- g. SIZE OF WATER MAIN

PRE-INCIDENT PLAN (8.5" X 11" SHEET) SHOWING:

- a. FIRE DEPARTMENT CONNECTION (FDC)
- b. LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING
- c. FLOOR PLANS OF SPACE (INCLUDING EXIT DOORS)
- d. LOCATION OF HAZARD AREAS
- e. FIRE ALARM/SPRINKLER CONTROLS
- f. KNOX BOX
- g. UTILITY SHUTOFFS (ELECTRICAL/GAS/WATER)
- h. LOCATION OF MSDS SHEETS ALONG WITH A LIST OF HAZARDOUS MATERIALS, AS APPLICABLE.

5. CERTIFICATION

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.

SIGNATURE _____

DATE _____

APPLICANT

LANDLORD

TOWNSHIP USE ONLY BELOW THIS LINE – DEPARTMENT APPROVALS

209 IMPACT _____
 ZONING USE _____
 PERMITTED YES NO
 OTHER _____

ZONING DISTRICT
 R-1 ___ MHP ___ O/LI ___ LEWIS RD ___
 R-2 ___ VC ___ LLI ___ LLI OVERLAY ___
 R-3 ___ MS ___ HI ___
 R-4 ___ RB ___ HI-E ___
 R-5 ___ HC ___

ROAD MASTER _____
 FIRE _____
 BCO, ACCESSIBILITY _____
 OCCUPANCY GROUP _____
 CONSTRUCTION _____
 OTHER _____

EXISTING NONCONFORMITY OR VARIANCE:



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

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LIMERICK TOWNSHIP DEPARTMENT OF EMERGENCY SERVICES

EMERGENCY CONTACT INFORMATION FORM

THE LIMERICK TOWNSHIP DEPARTMENT OF EMERGENCY SERVICES STRIVES TO MAINTAIN A POSITIVE WORKING RELATIONSHIP WITH RESIDENTS AND BUSINESSES IN LIMERICK TOWNSHIP. TO MAINTAIN THAT POSITIVE RELATIONSHIP AND ENSURE COMMUNICATION BETWEEN ALL PARTIES, PLEASE COMPLETE THE EMERGENCY CONTACT FORM. THIS FORM IS VITAL IF AN AFTER-HOURS EMERGENCY ARISES AT YOUR BUSINESS AND THE LIMERICK TOWNSHIP DEPARTMENT OF EMERGENCY SERVICES NEEDS TO QUICKLY CONTACT A REPRESENTATIVE OF THE BUSINESS.

PLEASE TYPE OR PRINT LEGIBLY.

1. IF YOUR BUSINESS IS IN A SHOPPING CENTER, OFFICE BUILDING, OR CONTAINS MULTIPLE OCCUPANCIES YOU SHOULD LIST THE STREET ADDRESS AND SPECIFIC SUITE NUMBER TO DIFFERENTIATE IT FROM OTHER BUSINESSES. PLEASE PROVIDE THE STREET ADDRESS AND SPECIFIC SUITE NUMBER IN THE COMMERCIAL ESTABLISHMENT ADDRESS SECTION.
2. PLEASE BE SURE TO PROVIDE PRIMARY AND ALTERNATE CONTACTS WHO ARE FAMILIAR AND CAN ACCESS THE BUSINESS. LISTING THE PHONE NUMBERS FOR THOSE CONTACTS IS VERY IMPORTANT.
3. IF APPLICABLE, PLEASE LIST ANY ALARM SYSTEMS. IF YOUR BUSINESS DOES NOT HAVE AN ALARM SYSTEM, PLEASE INDICATE THAT IN THE ALARM COMPANY INFORMATION SECTION.
4. PLEASE INDICATE IF THE BUSINESS HAS A KNOX BOX.

PLEASE E-MAIL, FAX, OR DROP OFF THE COMPLETED FORM TO ADDRESS LISTED BELOW:

**LIMERICK TOWNSHIP
ATTN: MICHAEL SHARKEY
646 W. RIDGE PIKE
LIMERICK, PA 19468**

IF YOU HAVE ANY QUESTIONS, CONTACT THE DEPARTMENT OF EMERGENCY SERVICES AT 610-495-6432 OR E-MAIL
MSHARKEY@LIMERICKPA.ORG.



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LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM DATE: _____

Establishment Contact Information

Name of Establishment			
Type of Establishment	<input type="checkbox"/> Retail	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial Other _____
Street Address			
Town / Zip Code			
Phone #		Email	

24 – Hour Emergency Contact Information (Primary)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Primary)		Phone # (Alternate)	

24 – Hour Emergency Contact Information (Alternate)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Primary)		Phone # (Alternate)	

Property Management Information (If Applicable)

Name of Company		Phone #	
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Knox Box Information (If Applicable)

Knox Box	YES	NO	Location:
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If there is an alarm system on the premises please complete the Registration of Alarm Systems Form on the next page.

BILLING INFORMATION

Name _____ Address _____ City _____ State _____ ZIP _____
 Phone _____ Email _____



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REGISTRATION OF ALARM SYSTEMS

BURGLAR

FIRE

MEDICAL

SPRINKLER

ADDRESS OF ALARM:			
BUSINESS NAME (IF APPLICABLE):			
CONTACT NAME:			
PRIMARY NUMBER:		ALTERNATE NUMBER:	
ALARM COMPANY:			
PHONE NUMBER FOR ALARM COMPANY:			
INSTALLER NAME:		INSTALLER PHONE NUMBER:	
DATE OF INSTALLATION:			

NOTE: VIOLATIONS AND PENALTIES SHALL BE IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE SECOND CLASS TOWNSHIP CODE.

I UNDERSTAND AND AGREE TO BE RESPONSIBLE FOR THE FALSE ALARM FEE, PERSUANT TO LIMERICK TOWNSHIP CODE.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

APPROVAL: _____

DATE: _____

FEE: \$30.00 CHECK:# _____

CASH: _____