



LIMERICK TOWNSHIP

FIRE, SAFETY, AND CODE DEPARTMENT

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES

PHONE: (610) 495-6432

FAX: (610) 495-0952

EMERGENCY: 911

www.limerickpa.org

Michael Latshaw
Fire Marshal

FIRE CODE PERMIT APPLICATION FOR:

OPERATIONAL PERMIT

1. PROJECT INFORMATION:

| | |
|-------------------------|--|
| Description of Project: | |
| | |
| | |

| | |
|-----------------------------------|--|
| Description of Building/Site Use: | |
| | |
| | |

Attach additional information as needed

Check All That Apply To This Application

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Aerosol Products | <input type="checkbox"/> Amusement Buildings | <input type="checkbox"/> Aviation Facilities | <input type="checkbox"/> Carnivals & Fairs |
| <input type="checkbox"/> Cellulose Nitrate Film | <input type="checkbox"/> Combustible Dust-Producing Operations | <input type="checkbox"/> Combustible Fibers | <input type="checkbox"/> Compressed Gases |
| <input type="checkbox"/> Covered Mall Buildings | <input type="checkbox"/> Cryogenic Fluids | <input type="checkbox"/> Cutting & Welding | <input type="checkbox"/> Dry Cleaning |
| <input type="checkbox"/> Exhibits & Trade Shows | <input type="checkbox"/> Explosives/Fireworks Sales & Display/Blasting | <input type="checkbox"/> Fire Hydrants & Valves | <input type="checkbox"/> Flammable and Combustible Liquids |
| <input type="checkbox"/> Floor Finishing | <input type="checkbox"/> Fruit & Crop Ripening | <input type="checkbox"/> Fumigation & Thermal Insecticidal Fogging | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Hazardous Production Materials Facilities | <input type="checkbox"/> High-Piled Storage | <input type="checkbox"/> Hot Work Operations | <input type="checkbox"/> Industrial Ovens |
| <input type="checkbox"/> Lumber Yards & Woodworking Plants | <input type="checkbox"/> Liquid/Gas Fueled Vehicles or Equipment in Assembly Buildings | <input type="checkbox"/> LP-Gas | <input type="checkbox"/> Magnesium |
| <input type="checkbox"/> Miscellaneous Combustible Storage | <input type="checkbox"/> Bon Fire | <input type="checkbox"/> Open Flames and Torches | <input type="checkbox"/> Open Flames and Candles |
| <input type="checkbox"/> Organic Coatings | <input type="checkbox"/> Places of Assembly | <input type="checkbox"/> Private Fire Hydrants | <input type="checkbox"/> Pyrotechnic Special Effects Material |
| <input type="checkbox"/> Pyroxylin Plastics | <input type="checkbox"/> Refrigeration Equipment | <input type="checkbox"/> Repair Garages & Motor Fuel-Dispensing Facilities | <input type="checkbox"/> Rooftop Heliports |
| <input type="checkbox"/> Spraying or Dipping | <input type="checkbox"/> Storage of Scrap Tires & Tire Byproducts | <input type="checkbox"/> Temporary Membrane Structures & Tents | <input type="checkbox"/> Tire-Rebuilding Plants |
| <input type="checkbox"/> Waste Handling | <input type="checkbox"/> Wood Products | <input type="checkbox"/> Annual Fire Inspection | <input type="checkbox"/> Other |
| <input type="checkbox"/> Underground Storage Tank | | | |

Descriptions can be found in section 105.6 of the 2015 International Fire Code

**FIRE CODE PERMIT APPLICATION FOR:
OPERATIONAL PERMIT**

2. PROPERTY INFORMATION:

| | | | | |
|---|---------------------------------------|--|------|--|
| Site Address: | Street # | Street Name | City | Zip |
| Tax Parcel #: | | | | |
| <input type="checkbox"/> Public Water | <input type="checkbox"/> Private Well | 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 (<i>General Contractor, Building Manager, etc.</i>) | First and Last Name | | | |
| Phone #: | Fax #: | Email: | | |
| Mail Address: | Street # | Street Name | City | Zip/State |

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

| |
|---|
| <input type="checkbox"/> This Fire Code application is considered <u>denied</u> until all other approvals have been provided for. This includes but is not limited to: Zoning; Land Development; PA UCC, Grading; PennDOT Highway Occupancy; PA Dept of Labor and Industry; Montgomery County Health Department, etc. |
| <input type="checkbox"/> Construction documents shall be submitted as requested by the Fire Code Official. |

4. 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 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 |
|--------------------|------|

| | |
|--------------------|------|
| Signature of Agent | Date |
|--------------------|------|

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

TOWNSHIP USE ONLY BELOW THIS LINE

| | | | | |
|---------|------|------|-------|----------|
| Zoning: | EDU: | UCC: | Fire: | Permit # |
|---------|------|------|-------|----------|