

LIMERICK TOWNSHIP

CODE SERVICES DEPARTMENT

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES

PHONE: (610) 495-6432

FAX: (610) 495-0952

EMERGENCY: 911

www.limerickpa.org

DENNIS HILLER

DIRECTOR OF CODE SERVICES

UNIFORM CONSTRUCTION CODE APPLICATION FOR:

NON-RESIDENTIAL CONSTRUCTION

1. PROJECT INFORMATION:

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Partial Change of Use
<input type="checkbox"/> Complete Change of Use	<input type="checkbox"/> Temporary Structure	<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

Design Professional in Responsible Charge:	First and Last Name			
Firm or Company Name:	Website:			
Phone #:	Fax #:	Email:		
Design Professional in Responsible Charge License #:				
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:									
Current Approved Use and Occupancy Group (Ch3 IBC):					Proposed:				
Construction Type:	<input type="checkbox"/> IA	<input type="checkbox"/> IIA	<input type="checkbox"/> IB	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIA	<input type="checkbox"/> IIIB	<input type="checkbox"/> IV	<input type="checkbox"/> VA	<input type="checkbox"/> VB
Existing Total Occupant Load:					Proposed Total Occupant Load:				
Building Height:	Stories Above Grade Plane:			Total Area:					
Automatic Fire Sprinkler System:					Other Fire Suppression:				
Fire Alarm System:					Smoke Control System:				
Elevator:	Boiler:	Access to a State Highway:			Propane or LPG:				
Project Associated with Health Care Facilities Act?									
Project Associated with Older Adult Daily Living Centers Licensing Act?									
Other Regulatory or Governing Entities?									

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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:
	Hazardous Exhaust: <input type="checkbox"/> Battery Charging Area: <input type="checkbox"/> Kitchen Hood Ventilation: <input type="checkbox"/>
	Wood/Solid Fuel Appliance: <input type="checkbox"/> Machinery Room: <input type="checkbox"/> Refrigerant Room: <input type="checkbox"/>

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:

Fire:	Suppression Type: <input type="checkbox"/> Dry System <input type="checkbox"/> Wet System <input type="checkbox"/> Chemical <input type="checkbox"/> Other
	Fire Alarm System: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Hazardous Gas Detection
	<input type="checkbox"/> Entire Building Coverage <input type="checkbox"/> Partial Building Coverage
	Fire Department Connection Type and Location:
	Fire Lane: <input type="checkbox"/> Fire Hydrant on Premises: <input type="checkbox"/> Post Indicator Valves: <input type="checkbox"/>
	Standpipe System: <input type="checkbox"/> Automatic Dry <input type="checkbox"/> Automatic Wet <input type="checkbox"/> Manual Dry <input type="checkbox"/> Manual Wet
<input type="checkbox"/> Semiautomatic Dry <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	
<input type="checkbox"/> Booster Pump	

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

<input type="checkbox"/> This PA UCC application is considered <u>denied</u> 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
<input type="checkbox"/> 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:

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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).

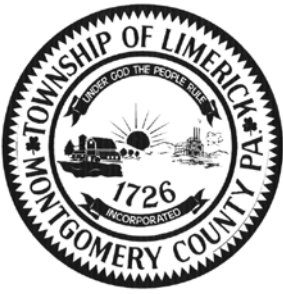
Signature of Owner Date

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 #



LIMERICK TOWNSHIP

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

ZONING INFORMATION

PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTIONS.

1. SITE ADDRESS _____ ZONING DISTRICT _____
2. SUBDIVISION NAME _____ IS YOUR PROPERTY PART OF AN HOA? YES NO
3. BUILDING USE: PERSONAL/HOBBY/RESIDENTIAL BUSINESS OR HOME OCCUPATION
4. WILL THERE BE NEW IMPERVIOUS SURFACE? YES NO SF _____
5. WILL THERE BE EARTH DISTURBANCE? (EXCAVATIONS & GRADING) YES NO SF _____
6. WILL THERE BE VEGETATION DISTURBANCE > 25,000 SF YES NO SF _____
7. WILL THERE BE A RELOCATION OF THE WELL OR SEPTIC SYSTEM? YES NO
8. WILL THERE BE ADDITIONAL BEDROOMS? YES NO
9. PROVIDE THE TOTAL AMOUNT (EXISTING & PROPOSED) **BUILDING COVERAGE** ON PROPERTY. THIS INCLUDES ANY AREA COVERED WITH ROOFS SUCH AS BALCONIES, PORCHES, ETC. FOR RESIDENTIAL PROJECTS, DO NOT INCLUDE DECKS OR PATIOS. FOR NON-RESIDENTIAL PROJECTS DECKS AND PATIOS SHALL BE INCLUDED.
TOTAL BUILDING COVERAGE: EXISTING: _____ SF PROPOSED: _____ SF
LOT SIZE: _____ ACRES
CALCULATE THE PERCENT BUILDING COVERAGE: _____ ACRES
(TOTAL BUILDING COVERAGE DIVIDED BY LOT SIZE)
10. **PLOT PLAN REQUIREMENTS CHECKLIST** – A PLOT PLAN MUST BE SUBMITTED WITH THE APPLICATION. ALL OF THE FOLLOWING MUST BE CLEARLY ILLUSTRATED AND IDENTIFIED ON THE ATTACHED PLOT PLAN OR NOTED AS NOT PRESENT ON THE PARCEL:
 1. PROPERTY LINES INCLUDE BEARING AND DISTANCE INFORMATION, IF READILY AVAILABLE.
 2. ALL EASEMENTS AND/OR REQUIRED BUFFER YARDS.
 3. OUTLINE OF ALL STRUCTURES (HOUSE, SHEDS, PORCHES, POOLS, ETC.)
 4. DISTANCE OF THE PROPOSED STRUCTURE TO THE SIDE AND REAR PROPERTY LINE AND CENTERLINE OF STREET/ROAD.
 5. DRIVEWAY LOCATION & WIDTH.
 6. EXISTING AND PROPOSED UTILITY LOCATIONS.

NOTES

1. STRUCTURES CANNOT BE PLACED IN EASEMENTS OR RIGHT-OF-WAYS.
2. WHEN ADDING ADDITIONAL BEDROOMS TO A DWELLING WITH ON-LOT SEPTIC SYSTEMS, APPROVAL FROM MONTGOMERY COUNTY HEALTH DEPARTMENT IS REQUIRED.

THIRD PARTY ELECTRICAL INSPECTION AGENCY LIST 2021

- 1) **Code Inspections, Inc.**
605 Horsham Road
Horsham, PA 19044
215-672-9400
215-672-9736 (fax)
karyncii@aol.com
- 2) **Faulkner Inspection Services, LLC**
1201 Cherry Wood Ct.
Phoenixville, PA 19460
610-350-9957
mtfaulkner@msn.com
- 3) **Middle Department Inspection Agency**
404 W. Ridge Pike
Conshohocken, PA 19428
800-992-6342
215-244-1927 (fax)
- 4) **United Inspection Agency**
716 N. Bethlehem Pike, STE 300
Lower Gwynedd, PA 19002
215-542-9977
215-540-9721 (fax)
info@unitedinspectionagency.com
- 5) **American Inspection Agency**
342 Miller Road
Sinking Spring, PA 19608
800-806-6610
610-678-4359 (fax)
- 6) **Middle Atlantic Inspections**
302 E. Pennsylvania Avenue
Feasterville, PA 19053
215-322-2626
215-364-7921 (fax)
- 7) **Commonwealth Code Inspection Services, Inc.**
176 Doe Run Road
Manheim, PA 17545
800-732-0043
717-664-4953 (fax)
- 8) **William DeMedio Agency**
108 Flintlock Road
Drexel Hill, PA 19026
610-505-1525
610-449-5157 (fax)
- 9) **Bureau Veritas North America**
790 Park Way Drive
Broomall, PA 19008
610-543-3925/610-543-1933 (fax)
- 10) **Underwriter Inspection Services**
153 N. Reed Road
Limerick, PA 19468
610-495-2803