



Administration 610.495.6432

Police 610.495.7909

FAX 610.495.0353

646 West Ridge Pike, Limerick, PA 19468

[www.LimerickPA.org](http://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 # \_\_\_\_\_ ( ☐ BUSINESS ☐ CELL ) EMAIL \_\_\_\_\_

### LEGAL COUNSEL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ( ☐ BUSINESS ☐ CELL ) EMAIL \_\_\_\_\_

3. **PROPERTY INFORMATION**

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ( ☐ HOME ☐ WORK ☐ CELL ) EMAIL \_\_\_\_\_

# APPLICATION FOR RE-ZONING

PROPERTY ADDRESS \_\_\_\_\_

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

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## 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 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC MY COMMISSION EXPIRES \_\_\_\_\_

## 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

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COPY: BOARD OF SUPERVISORS (4)  
PLANNING COMMISSION (3)

TWP SOLICITOR (2)  
TWP MANAGER

TWP ENGINEER  
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 FOR THE APPLICABLE FEE, MADE PAYABLE TO LIMERICK TOWNSHIP.
  - ☐ TWELVE (12) COPIES OF THE DEED.
  - ☐ TWELVE (12) COPIES OF THE PLOT PLAN, AS APPLICABLE.
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