



LIMERICK TOWNSHIP

Planning & Zoning Department

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES
(610) 495-6432
FAX (610) 495-0952
www.limerickpa.org

Greta Martin Washington
Director of Community Planning

GENERAL INFORMATION FORM FOR COMPLETING ZONING USE PERMIT

PERMIT COST IS \$100.00, AND IS COMPREHENSIVELY REVIEWED BY ALL APPLICABLE DEPARTMENTS. 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. SEWER** –IF PROPERTY IS SERVICED BY ON-LOT SEWER, USE MAY REQUIRE MONTGOMERY COUNTY DEPARTMENT OF HEALTH TO CERTIFY EXISTING SYSTEM. MONTGOMERY COUNTY DEPARTMENT OF HEALTH MAY BE REACHED AT: 610- 970-5040, DAN OSKIERA @ EXT 4217. PROPERTIES CONNECTED TO PUBLIC SEWER ARE NOT REVIEWED FOR SEWER REQUIREMENTS UNDER THIS PERMIT PROCESS.
- D. ROADWAY** – THE ROAD MASTER WILL REVIEW ANY DEFICIENCIES ON EXISTING DRIVEWAY OR ROADSIDE DRAINAGE.
- E. 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.
- F. 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.
- G. 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.



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APPLICATION FOR ZONING USE

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

REVIEW INCLUDES: ZONING, TRAFFIC IMPACT & REQUIRED BUILDING UPGRADES.

PROPOSED USE - CHECK (ALL THAT APPLY):

- NON-RESIDENTIAL CONSTRUCTION
- NEW / EXPANDED OUTDOOR DISPLAY
- CHANGE IN OCCUPANCY (NON-RESIDENTIAL)

- CHANGE IN USE OF A STRUCTURE
- CHANGE IN USE OF LAND
- CHANGE IN USE OF A NON-CONFORMING USE

TEMPORARY USES

- TEMPORARY RESIDENCE
- TEMPORARY SALES
- CARNIVAL

ALTERATIONS PROPOSED NO YES

IF YES, PLEASE DESCRIBE SCOPE OF WORK _____

1. **BUSINESS NAME/DBA** _____

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

PROPERTY ADDRESS _____

LIMERICK/ ROYERSFORD/LINFIELD, POTTSTOWN OR SCHWENKSVILLE, PA

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

NUMBER OF EMPLOYEES: _____ NUMBER OF CUSTOMERS/CLIENTS: _____ (ON LARGEST SHIFT AT FULL CAPACITY)

FORMER BUSINESS (IF KNOWN) _____

UTILITIES WATER: PUBLIC WELL SEWER: PUBLIC ON-SITE GAS:

2. **APPLICANT (NAME OF CONTACT PERSON)** _____

APPLICANT'S ADDRESS _____

TELEPHONE # _____ EMAIL _____

3. **OWNER OF PROPERTY/ LANDLORD** _____

LANDLORD'S ADDRESS (IF DIFFERENT FROM APPLICANT) _____

TELEPHONE # _____ (BUSINESS CELL) EMAIL _____



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4. ZONING INFORMATION

BLOCK _____ UNIT _____

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

i. GROSS FLOOR AREA AREA: _____ (SF)

ii. USE 1: _____ AREA: _____ (SF)

iii. USE 2: _____ AREA: _____ (SF)

b. NUMBER OF EXISTING PARKING SPACES _____

5. PLANS REQUIRED

SITE PLAN/ZONING PLAN LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING AND FLOOR PLANS OF SPACE TO INCLUDE SQUARE FOOTAGE DEDICATED TO EACH TYPE OF PROPOSED USE (MANUFACTURING FLOOR, OFFICE AREA, ETC.). OUTSIDE, THE SITE PLAN SHALL SHOW THE NUMBER OF PARKING SPACES, ANY BARRIER FENCES, FIRE LANES, AND LOCATION OF CLOSEST FIRE HYDRANTS AND SIZE OF WATER MAIN.

PRE-INCIDENT PLAN (8.5" x 11" SHEET) SHOWING BUILDING, LOCATION OF UNIT WITHIN A MULTI-TENANT BUILDING AND FLOOR PLANS OF SPACE (INCLUDING EXIT DOORS), LOCATION OF HAZARD AREAS, FIRE ALARM, SPRINKLER CONTROLS, KNOX BOX, ELECTRICAL AND/OR GAS AND WATER SHUTOFFS, LOCATION OF MSDS SHEETS ALONG WITH A LIST OF HAZARDOUS MATERIALS, AS APPLICABLE.

6. 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 _____
DISTRICT _____
USE _____
PERMITTED YES NO
OTHER _____

FIRE _____

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



LIMERICK TOWNSHIP

DEPARTMENT OF EMERGENCY SERVICES

646 WEST RIDGE PIKE LIMERICK,
PENNSYLVANIA 19468

Administration Office
Office: 610-495-6432
Fax: 610-495-0952
Emergency: 911

Michael Latshaw
Fire Marshal

LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM

INSTRUCTIONS

Limerick Township is currently in the process of updating both our inter-departmental record system and the *Montgomery County Emergency Communications Center (911 System)* computer database for all business properties in our Township. To help us accomplish this, we need your assistance by filling out the form below.

1. Please complete **ALL** required information.
2. Print or type legibly.
3. If your business is in a shopping center, you should have a specific address to differentiate it from the other stores. Please provide the “**Specific Address**” in the Commercial Establishment Address section. The shopping center name is not necessary.
4. If your business is in a shopping center, office building, or contains multiple occupancies you should have a 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.
5. Please provide the information shown in the “**Primary and Alternate**” contact information.
6. If your business does not have an alarm system, please write “**No Alarm**” in the Alarm Company Information section.
7. Indicate if this establishment has a Key Box (Knox Box).

Please drop off, fax, email or mail your completed form to the following:

**Limerick Township
646 W. Ridge Pike
Limerick, PA 19468
Attention: Michael Latshaw**

If you have any questions contact Michael Latshaw at 610-495-6432 ext. 160 or mlatshaw@limerickpa.org. Thank you for your time and cooperation with this matter.



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DEPARTMENT OF EMERGENCY
SERVICES

646 WEST RIDGE PIKE LIMERICK,
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Administration Office
Office: 610-495-6432
Fax: 610-495-0952
Emergency: 911

Michael Latshaw
Fire Marshal

LIMERICK TOWNSHIP EMERGENCY CONTACT INFORMATION FORM DATE: _____

Establishment Contact Information

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

24 – Hour Emergency Contact Information (Primary)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

24 – Hour Emergency Contact Information (Alternate)

Name of Emergency Contact			
Street Number / Name			
Town / Zip Code			
Phone # (Home)		Phone # (Cell)	

Alarm Company Information (If Applicable)

Name of Company		Phone #	
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Property Management Information (If Applicable)

Name of Company		Phone #	
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Knox Box Information

Knox Box	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Location:	
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BILLING INFORMATION

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