

# LIMERICK TOWNSHIP

## APPLICATION FOR BUILDING PERMIT

646 West Ridge Pike, Limerick, PA 19467      610-495-6432      FAX 610-495-0952

<b>LOCATION OF BUILDING</b>	<b>ADDRESS</b>			
	Number	Street	Town	
	<b>BETWEEN:</b>	<b>AND</b>	<b>ZONING</b>	
	Cross Street	Cross Street		
	<b>SUBDIVISION</b>	<b>LOT</b>	<b>BLOCK</b>	<b>UNIT</b>

- |   |   |
|---|---|
| 01) <input type="checkbox"/> <b>NEW SINGLE FAMILY DWELLING</b><br>02) <input type="checkbox"/> <b>NEW MULT. FAMILY DWELLING</b><br>04) <input type="checkbox"/> <b>NEW INSTITUTIONAL BUILDING</b><br>05) <input type="checkbox"/> <b>NEW PUBLIC BUILDING</b><br><br>11) <input type="checkbox"/> <b>ADDITION SINGLE FAMILY DWELLING</b><br>12) <input type="checkbox"/> <b>ADDITION MULT. FAMILY DWELLING</b><br>14) <input type="checkbox"/> <b>ADDITION INSTITUTIONAL BUILDING</b><br>15) <input type="checkbox"/> <b>ADDITION PUBLIC BUILDING</b><br><br>21) <input type="checkbox"/> <b>ALTERATION SINGLE FAMILY DWELLING</b><br>22) <input type="checkbox"/> <b>ALTERATION MULT. FAMILY DWELLING</b><br>24) <input type="checkbox"/> <b>ALTERATION INSTITUTIONAL BUILDING</b><br>25) <input type="checkbox"/> <b>ALTERATION PUBLIC BUILDING</b><br><br>31) <input type="checkbox"/> <b>REPAIR SINGLE FAMILY DWELLING</b><br>32) <input type="checkbox"/> <b>REPAIR MULT. FAMILY DWELLING</b><br>34) <input type="checkbox"/> <b>REPAIR INSTITUTIONAL BUILDING</b><br>35) <input type="checkbox"/> <b>REPAIR PUBLIC BUILDING</b><br><br><input type="checkbox"/> <b>OTHER</b> _____ | 52) <input type="checkbox"/> <b>DEMOLITION</b><br>53) <input type="checkbox"/> <b>FIRE REPAIR</b><br>54) <input type="checkbox"/> <b>SWIMMING POOL</b><br>55) <input type="checkbox"/> <b>TANKS / PUMP</b><br>56) <input type="checkbox"/> <b>TENNIS COURT</b><br>57) <input type="checkbox"/> <b>SIGN / AWNING</b><br>58) <input type="checkbox"/> <b>OTHER (BLDG.)</b> _____<br><br><input type="checkbox"/> <b>TEMPORARY TENT</b><br><input type="checkbox"/> <b>SATELLITE ANTENNA</b><br>61) <input type="checkbox"/> <b>H.V.A.C. SYSTEM</b><br>62) <input type="checkbox"/> <b>A/C UNIT(S) ONLY</b><br>63) <input type="checkbox"/> <b>GAS HEATER</b><br>64) <input type="checkbox"/> <b>OIL HEATER</b><br>65) <input type="checkbox"/> <b>HEAT PUMP</b><br>66) <input type="checkbox"/> <b>CHIMNEY REPAIR</b> |
|---|---|

<b>OWNERSHIP</b>	<b>COST</b>	<b>COST</b>	<b>CONTRACTOR'S NAME</b>
81) <input type="checkbox"/> PRIVATE (IND., INST., CORP.) 82) <input type="checkbox"/> PUBLIC (LOCAL, STATE, FED.)	98) COST OF CONST.		
<b>PROPOSED USE OF PROPERTY</b>	ELECTRICAL .....		
91) <input type="checkbox"/> SINGLE FAMILY DWELLING 92) <input type="checkbox"/> MULT. FAMILY DWELLING (#Units _____) 93) <input type="checkbox"/> BUSINESS (Type) _____ 94) <input type="checkbox"/> INSTITUTIONAL BUILDING 95) <input type="checkbox"/> OTHER (Type) _____ 96) <input type="checkbox"/> PUBLIC BUILDING	PLUMBING .....		
	H.V.A.C. ....		
	99) <b>TOTAL COST</b>		

**FILL OUT SELECTED CHARACTERISTICS OF BUILDING**

<b>PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> MASONRY (wall bearing) <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER Specify _____	<b>TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (septic tank, etc.)  <b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> INDIVIDUAL (well, cistern)	<b>DIMENSIONS</b> NUMBER OF STORIES .....  TOTAL SQ. FT. OF FLOOR AREA ALL FLOORS, BASED ON EXTERIOR DIMENSIONS  TOTAL LAND AREA, SQ. FT.	
<b>PRINCIPAL TYPE OF HEATING FUEL</b> <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER Specify _____	<b>TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO  WILL THERE BE AN ELEVATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NUMBER OF OFF-STREET PARKING SPACES</b> (Enclosed)  OUTDOORS .....  <b>RESIDENTIAL BLDGS. ONLY</b> NUMBER OF BEDROOMS ..... NUMBER OF BATHROOMS Full .....    Partial .....	

Appeal No.

Plan No.

Permit No.

Name		Mailing Address - Number, Street, City, State, Zip	Tel. No.
1. Property Owner			
2. Contractor			
3. Architect or Engineer			
<p>I hereby certify that the proposed work is authorized by the owner of record and 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.  The issuance of this building permit authorizes Building and Planning Department employees the right to enter the property at reasonable hours for the purpose of conducting code inspections.  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 of employees.</p>			
Signature of Applicant		Address	Application Date
Print Name		Contact Phone #'s	

**DESCRIBE, IN DETAIL, THE WORK TO BE PERFORMED**

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<b>APPROVED BY:</b>	<b>PERMIT FEE:</b>	<b>DATE ISSUED:</b>	<b>PERMIT #:</b>
<b>USE GROUP:</b>	<b>FIRE GRADING:</b>	<b>LIVE LOADING:</b>	<b>OCCUPANCY LOAD:</b>

## LIMERICK TOWNSHIP ZONING QUESTIONNAIRE FOR BUILDING PERMIT APPLICATIONS

**1. ADDITIONAL EXISTING PROPERTY INFORMATION**

Site Address \_\_\_\_\_

Lot Size \_\_\_\_\_ (square feet)

Utilities:             Public Water             Public Sewer             Well Water             Septic System

Is any part of your property in a floodplain?             Yes     No

Does your property have covenants (HOA), easements, right-of-way on the property?             Yes     No

- i. If you have an HOA, submit a copy of the approval from the HOA for your project.
- ii. Structures cannot be placed in easements or right-of-ways.

**2. ADDITIONAL REQUIRED INFORMATION**

a) If a building, building addition or accessory structure is proposed, a statement of as to the proposed use of the building is required. Include type of items intended to be stored in the structure:

\_\_\_\_\_

\_\_\_\_\_

Building use is for personal/hobby/residential.             Building use is for business or home occupation.

b) Will there be a new relocation of a well, septic system or additional bedrooms?             Yes     No

If yes, a copy of the approval from the Montgomery County Department of Health and associated plan must be submitted with this application

c) Will there be any alteration of runoff or drainage (filling or repairing of a swale) or excavations including digging to install a new house, a non-residential building addition, a basement or in-ground swimming pool?             Yes     No

If yes, a copy of the approved Grading Permit from Limerick Township must be submitted with this application.

d) Will there earth disturbance which is greater than 5,000 SF?             Yes     No

If yes, a copy of the Montgomery County Conservation District adequate letter and approved Erosion & Sediment Control Plan for earth disturbance must be submitted with this application. Call (610) 489-9795.

- e) Will there be new construction (including building additions & structural alterations)?  Yes  No
- i. If yes, applicant must also submit with this application a Use & Occupancy Permit Application, and House/Building Placement Certificate form as well as any applicable electrical, mechanical and plumbing forms.
- ii. If yes and building a new house, applicant must submit all items listed above (i.) and a Disclosure Statement.
- f) Provide the total amount (existing & proposed) building coverage on property. This includes areas covered with roofs, decks, balconies, porches, etc., but not patios.

<u>Structures/ Building Coverage Surfaces</u>	<u>Area in square feet</u>
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed House/ porches/attached garage	_____
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed Detached garage	_____
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed Shed	_____
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed Deck	_____
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed Other Structure: _____	_____
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed Other Structure: _____	_____
Total Building Coverage:	_____

Calculate the percent Building Coverage:

\_\_\_\_\_ *(Total Building Coverage divided by Lot Size)*

**3. 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:

- Provided
- Provided  Not present
- Provided  Not present
- Provided  Not present
  
- Provided  Not present
- Provided  Not present
- Provided  Not present
- Provided  Not present
  
- Provided  Not present
- Provided  Not present
  
- Provided  Not present
- Provided  Not applicable

1. Property lines with bearing and distance information.
2. All easements with bearing and distance information.
3. Required buffer yards.
4. Existing natural features, including woods, streams, floodplains, wetlands, etc.
5. Proposed extent of clearing of all natural features listed above.
6. Outline of all structures (house, sheds, porches, pools, etc.)
7. Distance of all structures to the side and rear property line and centerline of street/road.
8. Driveway location, width & access point.
9. Existing and proposed utility locations including but not limited to water lines, sewer laterals, gas lines, electrical lines, proposed and existing septic tank & drain field, proposed or existing wells, etc..
10. Distance of proposed structure to utilities.
11. Sump pump or roof drain line locations, line sizes and discharge points.
12. For New Homes, a zoning summary table shall be provided.

7. 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 \_\_\_\_\_  
 Owner       Contractor

Did the Owner/Contractor initial all pages of the application?       Yes     No

If the applicant signed, above, the Owner must certify the statement below:

I (print name of owner) \_\_\_\_\_ have read and familiarized myself with the contents of this application and hereby consent to its submission and processing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ZONING REVIEW**  
(To be completed by the Zoning Officer)

Review Date \_\_\_\_\_ Improvement Type: \_\_\_\_\_

Zoning District: \_\_\_\_\_  Traditional  Cluster  Lot Averaging  Golf Course

Utilities:  Public Water  Public Sewer  Well Water  Septic System

Housing Type:  Single Family Detached (Traditional, Lot Line, Village House)

Two-family (Twin, Duplex)

Single Family Attached (Townhouse, Multiplexes)

Multifamily Apartment

<b>Bulk &amp; Dimensional Required</b>	<b>Base Ordinance 184-</b>	<b>Accessory/Projection Ord. 184-65; 184-71.C; 184-50; 184-64; 184-</b>	<b>Proposed</b>	<b>OK?</b>
Lot Area (SF)		Existing Non-conforming? (see 184-50.D(6) or 184-50.F)		
Lot Width				
Front Yard				
Rear Yard				
Side Yard				
Bldg/Structure Height				
Building Coverage				

Application Complete  Yes  Missing \_\_\_\_\_

Project was check against the Required Permits List  Yes  Missing \_\_\_\_\_

Coordinates with Information in Property File  Yes  Missing \_\_\_\_\_

Coordinates with Information on Arial  Yes  Missing \_\_\_\_\_

Coordinates with Information on Montgomery County Web Site  Yes  Missing \_\_\_\_\_

Rejection Letters sent on: \_\_\_\_\_

Zoning Officer Signature: \_\_\_\_\_ Approved Date \_\_\_\_\_

Conditions: