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646 West Ridge Pike, Limerick, PA 19468

www.LimerickPA.org

ACT 537 – PLANNING MODULE REVIEW

1 COPY OF APPLICATION AND 2 COPIES OF THE PACKET REQUIRED

ALL PACKETS SHALL BE DATED WITH ALL REVISIONS AND MUST BEAR THE NAMES OF: (1) THE PERSON WHO PREPARED THE PLAN; (2) THE APPLICANT; AND (3) THE OWNER OF THE LAND. FEES MUST BE SUBMITTED WITH THE APPLICATION. SUBMIT TWO CHECKS FOR THE FEES AND ESCROW PAYABLE TO "LIMERICK TOWNSHIP".

1. APPLICANT PROPOSES THE FOLLOWING ACTIVITIES:

SCOPE OF WORK _____
PROPERTY ADDRESS _____
SUBDIVISION _____ TAX MAP PARCEL NO. _____
ESTIMATED START DATE _____ ESTIMATED COMPLETION DATE _____

2. IDENTIFICATION INFORMATION

APPLICANT NAME _____ PHONE _____
ADDRESS _____
STREET, CITY, STATE, ZIP
EMAIL _____

OWNER NAME (IF DIFFERENT FROM APPLICANT NAME) _____ PHONE _____
ADDRESS _____
STREET, CITY, STATE, ZIP
EMAIL _____

DESIGN PROFESSIONAL NAME _____ PHONE _____
ADDRESS _____
STREET, CITY, STATE, ZIP
EMAIL _____

NAME OF INDIVIDUAL INSPECTING BMP INSTALLATION _____ PA LICENSE NO.: _____

3. FEES PER RESOLUTION

ACT 537	
Planning Module Review (for projects not associated with a Land Dev. Application)	\$1,550.00

4. CERTIFICATION & ACKNOWLEDGEMENT

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.

PLEASE BE ADVISED, DEPOSIT OF THE CHECKS REPRESENTING THE FEE(S) AND ENGINEERING ESCROW AMOUNTS FOR THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OR GRANTING OF SAME BY LIMERICK TOWNSHIP. REGARDING THE ESCROW, THE APPLICANT IS RESPONSIBLE FOR THE ACTUAL COST. FUNDS SHALL BE REPLENISHED AT REQUEST OF TOWNSHIP. AT COMPLETION OF PROJECT, BALANCE OF ESCROW FUNDS WILL BE RETURNED UPON REQUEST.

SIGNATURE OF APPLICANT _____ DATE _____
 OWNER APPLICANT DESIGN PROFESSIONAL

TOWNSHIP USE ONLY BELOW THIS LINE

PACKET REVIEW _____ DATE _____

REVISION DATE OF RESUBMITTED PACKET _____