

**LOWER MILFORD TOWNSHIP
PLANNING COMMISSION**

APPLICATION FOR REVIEW OF A SUBDIVISION/LAND DEVELOPMENT PRELIMINARY PLAN

This application shall be submitted in quadruplicate(4) and shall be accompanied by eight(8) prints of the SKETCH PLAN containing complete information as set forth by Section 300 of the Subdivision & Land Development Ordinance No. 76 of June 1997.

Plans must be submitted to the Township office during regular posted hours at least 21 calendar days prior to the next regular monthly meeting of the Planning Commission. All fees must accompany submission.

1. NAME OF SUBDIVISION/LAND DEVELOPMENT: _____

2. TAX PARCEL ID NO. (PIN) _____ TOTAL ACREAGE: _____

3. NO. OF PROPOSED LOTS, IF SUBDIVISION (including remaining land): _____
PROPOSED NEW BUILDING AREA, IF LAND DEVELOPMENT _____

4. NAME OF RECORD OWNER: _____ PHONE NO. _____
ADDRESS: _____

OWNER PERMISSION: I hereby give my consent to this subdivision/land development submission and permission for the Township agent(s) to enter the property for site investigation purposes.

_____, OWNER _____, OWNER

5. NAME OF DEVELOPER: _____ PHONE NO. _____
ADDRESS: _____

Developer's Interest in Property:
(e.g.: Owner, Purchaser under contract, agent of owner(s), etc.): _____

6. PLAN PREPARER _____ CONTACT PERSON _____
(Company)
ADDRESS _____ PHONE NO. _____

ORIGINAL DATE OF PLAN: _____ LATEST REVISION DATE OF PLAN: _____

7. IF OWNER AND/OR DEVELOPER IS A CORPORATION OR GROUP, LIST AUTHORIZED INDIVIDUALS BY NAME, TITLE AND SIGNATURE: _____

I/We hereby make this submission for review of a SKETCH PLAN in accordance with current Subdivision & Land Development Ordinance.

(Developer, if other than owner) DATE: _____

8. PLEASE LIST NAMES OF INDIVIDUALS AUTHORIZED TO ACT ON BEHALF OF OWNER AND/OR DEVELOPER DURING PLANNING COMMISSION REVIEW OF THIS SUBDIVISION: _____

PLEASE NOTE: Due to review fee payable to Lehigh Valley Planning Commission, the applicant is responsible for the submission required by Section 213.2 of the Subdivision and Land Development Ordinance.

FOR TOWNSHIP USE: Date Submission received: _____ Fee: _____
Plans Delivered By: _____ Receipt #: _____
Plans Received By: _____ Check#: _____
(Township Official/Personnel)