

**LOWER ALLEN TOWNSHIP  
APPLICATION FORM FOR  
A SUBDIVISION OR LAND DEVELOPMENT**

FOR OFFICE USE ONLY FILE NUMBER: \_\_\_\_\_

*A copy of this application shall be submitted together with required copies of subdivision or land development plans, supporting documentation, required fees and a completed checklist to the Township Office Staff. See the time deadline in the Subdivision and Land Development Ordinance for submittal before a Planning Commission meeting in order to have the submission considered at a meeting.*

Name of Development \_\_\_\_\_

Location of Property \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Check All of the Following that Apply:

<input type="checkbox"/> Sketch Plan Review	<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Land Development
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Master Plan
<input type="checkbox"/> Final Plan	<input type="checkbox"/> Lot Line Adjustment	

Property Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Plan Preparer's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Total Acreage \_\_\_\_\_ Number of New Lots or Dwelling Units \_\_\_\_\_

County Assessment Property Identification Number: \_\_\_\_\_

County Existing Deed Book /Page No. or Instrument No.: \_\_\_\_\_

Water Supply: On lot well: \_\_\_\_\_ Central (describe): \_\_\_\_\_

Sewage System: On-lot septic: \_\_\_\_\_ Central(describe): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Any Relevant Zoning Variances/ Special Exceptions on this parcel, with approval dates:

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I hereby authorize and request review of this application. See also Appendix B for Owner's Statement required on the Plans.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I Hereby Authorize the Planning Commissioners, Board of Commissioners, Township Engineer, Township Staff and any Township Consultant to enter the exterior premises of this Property, Between 9 A.M. and 8 P.M. at their own risk, while this Plan is being considered for Approval, as needed to determine compliance with Township Ordinances.

Applicant's/ Owner's Signature \_\_\_\_\_

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*This Section to be completed by Township Staff*

Date Application Received in Township Building \_\_\_\_\_

\_\_\_\_\_  
Signature of Township Staff-person

Application Fees Paid: 1. Check to Township \_\_\_\_\_  
2. Check sent to County Planning Commission \_\_\_\_\_

County Planning Commission Review: Date Delivered - \_\_\_\_\_  
Date Review from - \_\_\_\_\_

Recommendation by Township Planning Commission: Date: \_\_\_\_\_

Action Taken:  
\_\_\_\_\_

Final Action by Board of Commissioners: Date: \_\_\_\_\_

Action Taken:  
\_\_\_\_\_

Date Applicant Sent Notice of Board of Commissioners Final Action: \_\_\_\_\_