



# UPPER MACUNGIE TOWNSHIP

8330 Schantz Road  
Breinigsville, PA 18031  
(610) 395-4892

TWP # \_\_\_\_\_

Date Submitted \_\_\_\_\_

## SUBDIVISION / LAND DEVELOPMENT / CONDITIONAL USE / ZONING CHANGE APPLICATION / RECEIPT / DISTRIBUTION

**Purpose of Submission:**

Planning Commission Review: \_\_\_\_\_ (Deadline for new submissions is 30 days prior to meeting.  
(Meeting date) Deadline for resubmissions and Sketch Plans is 21 days prior to meeting.)

Board of Supervisors Meeting: \_\_\_\_\_ (Deadline is 21 days prior to meeting.)  
(Meeting date)

- |   |   |
|---|---|
| <input type="checkbox"/> SUBDIVISION PLAN                           | <input type="checkbox"/> SKETCH PLAN      |
| <input type="checkbox"/> LAND DEVELOPMENT PLAN                      | <input type="checkbox"/> PRELIMINARY PLAN |
| <input type="checkbox"/> CONDITIONAL USE                            | <input type="checkbox"/> FINAL PLAN       |
| <input type="checkbox"/> ZONING CHANGE<br>(Amendment or Map Change) | <input type="checkbox"/> RESUBMISSION     |

**PLEASE PRINT**

Name of Subdivision/Land Development: \_\_\_\_\_  
(USE NAME UNIQUE TO THIS PROJECT)

**Project Narrative:** (Attach additional sheets if needed)

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**Plans and Reports with this submission:** *(Attach additional sheets if needed)*

No.	Dwg. No.	Title	Date	Rev. Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SUBMISSION CHECKLIST**

*Must be completed by developer and checked for complete submission by Township Staff.*

**Township Submission:**

- |   |   |
|---|---|
| <input type="checkbox"/> Application Fee \$ _____ | <input type="checkbox"/> Landscape Plan                   |
| <input type="checkbox"/> Escrow Fee: \$ _____     | <input type="checkbox"/> Stormwater Management Report     |
| <input type="checkbox"/> W-9                      | <input type="checkbox"/> PCSM Plan                        |
| <input type="checkbox"/> Project Narrative        | <input type="checkbox"/> E & S Plan                       |
| <input type="checkbox"/> Existing Features Plan   | <input type="checkbox"/> E & S Narrative                  |
| <input type="checkbox"/> Sketch Plan              | <input type="checkbox"/> Traffic Report                   |
| <input type="checkbox"/> Record Plan              | <input type="checkbox"/> Planning Module Data             |
| <input type="checkbox"/> Grading Plan             | <input type="checkbox"/> Review Response Letter           |
| <input type="checkbox"/> Utility Plan & Profiles  | <input type="checkbox"/> Escrow & Reimbursement Agreement |

**Documentation of Transmittals to:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lehigh Valley Planning Commission | <input type="checkbox"/> Lehigh County Authority             |
| <input type="checkbox"/> PennDOT (District 5-0)            | <input type="checkbox"/> Lehigh County Conservation District |

Applicant/Developer: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Email Address)

Address of Property: \_\_\_\_\_

Property Pin Number: \_\_\_\_\_

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

Proposed Use of Property: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Type: \_\_\_\_\_  
(Residential or Commercial)

Property Owner: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) \_\_\_\_\_  
(Email Address)

Equitable Owner: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) \_\_\_\_\_  
(Email Address)

Engineer or Surveyor: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number) \_\_\_\_\_  
(Email Address)

**PLAN REVIEW ESCROW FEE**

Check Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

W9 Form Enclosed: \_\_\_\_\_ Escrow # \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Township Representative**