

APPENDIX 1

LOWHILL TOWNSHIP SUBDIVISION AND LAND DEVELOPMENT PLAN APPLICATION

SUBMISSION INFORMATION FOR APPLICATION

1. Any person seeking to subdivide and/or develop any land within Lowhill Township shall submit a complete subdivision and land development application and required plans in accordance with the 2025 Subdivision and Land Development Ordinance (SALDO) for review and approval by the Township.

2. This SALDO application must include the following items to be a complete application:

A. A copy of the applicant's property deed with any attached covenants to properly establish legal title to the property to be developed or subdivided;

B. A signed sales agreement with monetary figures redacted as proof of equitable ownership for the applicant and their SALDO application. The date of expiration of this sales agreement must be clearly shown in the sales agreement. The applicant is reminded that the SALDO application shall be immediately determined to be incomplete and any plan currently under review will therefore be denied by Lowhill Township if this the expiration dates lapse before preliminary and or final plan approval has been granted;

C. The required non-refundable application fee;

D. A signed Lowhill Township Professional Services Agreement with the required escrow fees:

E. Thirteen (13) copies of the entire site plan and its sheets accompanied by a flash drive in an electronic digital TIFF or PDF format, all required SALDO reports, required outside agency review letters as further described and mandated in the 2025 SALDO which includes the Lehigh Valley Planning Commission Land Use review letter and the initial Act 167 Stormwater Drainage Review letter for consistency, Lehigh County Conservation District and the Pennsylvania Department of Environmental NPDES Stormwater Permit for Construction Activities initial technical deficiency letter with comments (Not a simple LCCD completeness of NPDES application letter) if applicable, PADOT HOP initial scoping letter if applicable, or other information as required by the 2025 SALDO requirements which together comprise as part of this complete application;

F. This application must be submitted at least by thirty-five (35) days prior to the Planning Commission meeting at which the Applicant desires to have the application reviewed. Please note, Lowhill Township Administrative Office shall not accept any SALDO application after 1:00 pm on the 35th day before the next regular scheduled Planning Commission meeting. **It is well-advised that the applicant should make an appointment with the Township administrative staff when submitting the SALDO application to assure completeness of the actual application;**

G. Applications that do not contain all of the required aforementioned items, information and required signatures shall be considered as an incomplete application. The applicant is reminded that this application requirement will be strictly adhered to for compliance. Incomplete applications shall be returned to the applicant with a statement of the reason(s) for rejection.

3. The Township reserves the right to determine in its sole discretion whether the application will be placed on the Planning Commission meeting agenda.

APPLICATION FORM

This SALDO application form is to be used for all subdivision and land development applications. Specific submission and plan drafting requirements for each plan application type can be found in the 2025 Lowhill Township SALDO.

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APPLICATION FEE AND ESCROW DEPOSIT

1. All SALDO applications shall be accompanied by a non-refundable application fee and a consultant review escrow deposit in accordance with the 2025 Township Fee Schedule as amended and within the 2025 SALDO requirements. Separate checks are required for the non-refundable application fee and the escrow deposit.
2. The applicant must sign the Lowhill Township Professional Services Agreement as part of this SALDO application.
2. In the event that the escrow funds deposited with the Township are depleted by one-half and to the extent that the Township, in its sole discretion determines that the remaining escrow balance is insufficient to pay the Township's anticipated costs for performing its functions, then the Applicant shall, within fifteen (15) days of notice from the Township, deposit additional funds in an amount sufficient to restore the escrow account to its original amount. Failure to replenish the escrow account may delay the plan review process and or constitute grounds for denial of the plan application.
3. All such escrow funds deposited with the Township by an Applicant which are not expended by the Township to pay the costs of consultant reviews shall be returned to the Applicant.

NOTE: By submitting and signing this application, the Applicant agrees to comply with the terms set forth above.

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Project Number: _____

Date Received: _____

LOWHILL TOWNSHIP SUBDIVISION AND LAND DEVELOPMENT APPLICATION FORM

NAME OF PROPOSED DEVELOPMENT:

Property Address:

Lehigh County Tax Parcel ID No(s): _____ Total Tract Acreage: _____

APPLICATION TYPE: (Please mark "X" for the appropriate application type below:)

Sketch Plan _____ Deminimus Land Development Plan _____

ECHO Housing Plan _____ Lot Line Adjustment/Lot Consolidation Plan _____

Minor Subdivision - Preliminary Plan Only _____ Minor Subdivision - Preliminary/Final Plan _____

Minor Subdivision - Final Plan Only _____

Major Subdivision - Preliminary Plan Only _____ Major Subdivision - Preliminary/ Final Plan _____

Major Subdivision - Preliminary Final Plan Only _____

Land Development - Preliminary Plan Only _____ Land Development - Preliminary/Final Plan _____

Major Subdivision - Final Plan Only _____

Revised Final Plan Only _____

DESCRIPTION OF PROPOSED DEVELOPMENT:

LEGAL NAME OF APPLICANT:

Contact Person:

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Email:

Mailing Address:

Phone: _____ Cell Phone: _____ Fax: _____

RECORD TITLE OWNER NAME (If Different than Applicant):

Contact Person:

Email:

Mailing Address:

Phone: _____ Cell Phone: _____ Fax: _____

NOTE: If this application is for a Lot Line Adjustment/Consolidation Plan, the record title owner of the second property must also sign this application.

SECOND RECORD TITLE OWNER NAME:

Contact Person: _____

Email: _____

Mailing Address:

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Phone: _____ Cell Phone: _____ Fax: _____

DESIGN/ENGINEERING FIRM NAME:

Contact Person: _____

Email: _____

Mailing Address:

Phone: _____ Cell Phone: _____ Fax: _____

ATTORNEY NAME & FIRM: _____

Contact Person: _____

Email: _____

Mailing Address:

Phone: _____ Cell Phone: _____ Fax: _____

OTHER CONSULTANT NAME:

Contact Person: _____

Email: _____

Mailing Address:

Phone: _____ Cell Phone: _____ Fax: _____

Type of Water Supply Proposed: _____ Public _____ Individual Well _____ Private Centralized System

Type of Sanitary Sewage Disposal Proposed: _____ Public _____ Individual On-Lot Septic

Street Ownership Proposed: _____ Public (for dedication to the Township) _____ Private Homeowners' Association?: _____ Yes _____ No

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All required SALDO Waiver Request are included with this application: ____ Yes ____ No

REPRESENTATIONS

1. By making a submission under this Ordinance, the applicant acknowledges and agrees that all documents and other information submitted to the Township pursuant to this Ordinance constitute public records within the meaning of the Pennsylvania Right to Know Law, Act 3 of 2008, as amended, and are therefore subject to review and reproduction upon request in accordance with that Law and applicable Township ordinances and resolutions.

2. To the extent that any such documents or information are not deemed public records and are subject to protection pursuant to Federal or State copyright laws, or Common Law copyright protection, the applicant and all of its agents, employees and consultants, by filing documents with the Township pursuant to this Ordinance, shall be deemed to have waived all copyright protection as relates to reproduction, review, analysis, criticism, or approval of the application by the Township and all of its agents, servants, employees, officials, and consultants, and the public at large.

3. The applicant hereby agrees to indemnify, defend and hold harmless the Township and all its agents, servants, employees, officials, and consultants of and from any and all claims, demands, judgments or damages arising out of or relating to claims of violation and violations of Federal and State copyright laws or Common Law copyright protection.

4. Applicant(s) and/or Owner(s) hereby grant(s) permission to and authorize(s) members of the Lowhill Township Planning Commission, Township staff and Township consultants to enter subject property to view the premises in conjunction with the Subdivision and Land Development application which is hereby filed.

UNSWORN FALSIFICATION TO AUTHORITIES: To the best of my knowledge and belief, all information on this application is true, correct, and complete and with the understanding that any false statement is subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to “Unsworn Falsification to Authorities”.

Signature of Applicant Date _____

Print Name of Applicant _____

Signature of Second Applicant Date _____

Print Name of Second Applicant _____

Signature of Record Title Owner Date (If the Applicant is different from the Record Title Owner, both MUST sign this Application.) _____

Print Name of Record Title Owner _____

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TOWNSHIP USE ONLY----- APPLICATION COMPLETION CHECKLIST

Application Form, signed by Applicant and Owner(s) if different than Applicant _____

Application Fee in the amount of \$ _____ CK# _____ Date _____

Escrow Deposit in the amount of \$ _____ CK# _____ Date _____

Full Size Plan Sets, 13 copies

Digital format (PDF required/ TIF recommended), flash drive (1 copy) for all plans and reports

Waiver Request Form

Natural & Cultural Features Plan

Carbonate and or Shale Geologic Features Plan/Report/Test Results

Stormwater Management Report and Plan (3 copies required)

Traffic Impact Study (2 copies required)

Lighting Plan

Phase 1 Environmental Site Assessment

Fiscal Impact Study

Water Resources Study

SALDO Required outside agency review letters

Landscaping Plan

Application deemed incomplete _____ Date determined to be incomplete _____

Other _____
