



Department of  
Building and Planning  
Planning Division  
Phone: (610) 645-6140  
Fax: (610) 649-9598

# SUBDIVISION/ LAND DEVELOPMENT APPLICATION

To Township Commissioners:

The undersigned hereby makes application for a Subdivision/Land Development approval pursuant to the application procedure and standards set forth in Chapter 135 of the Code of the Township of Lower Merion.

Project Name: \_\_\_\_\_ Date:

Application Type:

### PROPERTY

Address(es): \_\_\_\_\_ City & Zip Code \_\_\_\_\_ Ward:

Zoning District:  Zoning Overlay:

Is the property on the Historic Resource Inventory or located within a Historic District?:

Is the property located within the Floodplain District?:  Does this application require Conditional Use approval?

### APPLICANT

If the applicant is different from the owner, an [owners authorization form](#) is required.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Signature: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### PLANS

Name of Engineer/Surveyor: \_\_\_\_\_ E-mail of Engineer/Surveyor: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

### APPLICATION MATERIALS

- |   |  |
|---|--|
| <input type="checkbox"/> Application Fee Amount: <input style="width: 100px; height: 25px;" type="text"/> | <input type="checkbox"/> Escrow Amount: <input style="width: 100px; height: 25px;" type="text"/> |
| <input type="checkbox"/> Four Plans Sets, sealed by a registered Engineer or Surveyor                     | <input type="checkbox"/> Digital copies of all submitted materials (Plans, Reports, ect.)        |
| <input type="checkbox"/> <a href="#">Owners Authorization Form</a>  | <input type="checkbox"/> Project narrative explaining the proposal                               |

By filing out this application, you are hereby granting permission to Township officials to visit the site for review purposes.

### FOR OFFICE USE ONLY

Application Number: \_\_\_\_\_ Block & Unit Number: \_\_\_\_\_ Date Submitted: