



TOWNSHIP OF SALISBURY

---- LEHIGH COUNTY, PA ----

2900 South Pike Avenue, Allentown, PA 18103

610-797-4000

MINOR SUBDIVISION/LOT CONSOLIDATION/LOT LINE ADJUSTMENT APPLICATION

Date Received: _____ Project No: _____ First Meeting: _____

PROPERTY INFORMATION:

Project Name: _____

Project Location: _____

Parcel Number(s): _____

Project Type: ☐ Minor Subdivision ☐ Lot Consolidation ☐ Lot Line Adjustment

Approval Type: ☐ Preliminary ☐ Final ☐ Preliminary/Final

Total Land Area of Project: _____ Zoning District: _____

Number of Lots Originally: _____ Number of Lots When Completed: _____

APPLICANT:

Company Name: _____

Contact: _____ Phone No: _____

Applicant Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PROPERTY OWNER:

NOTE: *If applicant does not own the property, owner must sign this application or provide written permission that the proposed project may proceed. Owner is required to sign final plan to be recorded. If project involves multiple parcels with multiple property owners, please attached form "Additional Owner Acknowledgement" for each additional owner/parcel.*

Company Name: _____

Contact: _____ Phone No: _____

Owner Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

ATTORNEY:

☐ Applicant wishes all communications to include attorney

Firm Name: _____

Contact: _____ Phone No: _____

Firm Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PROFESSIONAL DESIGNER:

☐ Applicant wishes all communications to include professional designer

Company Name: _____

Contact: _____ Phone No: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

SURVEYOR:

☐ Applicant wishes all communications to include surveyor

Company Name: _____

Contact: _____ Phone No: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

SUBMISSION REQUIREMENTS (Additional materials may be requested by the Township during the review and approval process):

- Application fee: \$225
- Escrow deposit: \$1,000 (Township may request additional escrow deposits during the review and approval process as deemed necessary)
- 4 printed copies and 1 PDF/electronic copy of completed appeal application
- 4 printed copies and 1 Microsoft Word file or Microsoft Excel file list of all property owners within 300 feet, in all directions, of the subject property lot lines including the property owners' mailing addresses
- 4 printed copies and 1 PDF/electronic copy of all supporting documents and exhibits for the hearing (may be submitted up to 24 hours prior to hearing)
- 4 printed and 1 PDF/electronic copy of all exhibits to be presented at meeting (may be submitted up to 24 hours prior to meeting)

ESCROW DEPOSIT SHALL BE RETURNED TO (If not completed, check will be returned to applicant):

Name: _____ Phone No: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PERMISSION FOR AERIAL & GROUND VIEW OF PROPERTY:

Applicant(s) and/or owner(s) hereby grant(s) permission and authorize members of the Township of Salisbury staff, Planning Commission members, and/or Commissioners individually to visit the site and review aerial and ground depictions of the subject property and its surrounding neighborhood as part of this submission.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

ACKNOWLEDGEMENT/CERTIFICATION:

Applicant agrees to reimburse the Township for all engineering, legal, or other outside agency expenses incurred by the Township, plus a 3% administrative fee for residential projects and a 5% administrative fee for commercial/non-residential projects. At the applicant's request, upon the issuance of a zoning permit and the payment of all expenses, the balance of the escrow will be returned. The escrow will not be returned until all invoices from the Township Solicitor, Township Engineer, and any other outside agency have been received by the Township and paid by the applicant. Invoices are typically submitted at the end of every month. If invoices are not paid within 90 days, the project will be placed on hold and no further activity, with the exception of any necessary time extensions, may take place until the applicant's account is brought to the present or a payment plan has been established with the Township Finance Department.

The undersigned hereby certifies that they have read and examined this application and that the proposed work is accurately represented in the statements made in this application and that all work shall be executed in accordance with the terms and conditions of said permits, the Township of Salisbury.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Office Use Only

Use: ☐ Commercial / Nonresidential ☐ Residential

Escrow Amount: _____ Date Deposited: _____