

Lower Salford Township
379 Main Street
Harleysville, PA 19438
Phone 215-256-8087 FAX 215-256-4869

Subdivision and Land Development Application Form

Section I – to be completed by applicant:

Plan Title _____

Date of Application _____

Date of Revised Application _____

Is zoning relief contemplated for this application? Yes _____ No _____
Variance _____ Special Exception _____ Zoning Ordinance - Section _____

Section II – to be completed by applicant:

Name of Applicant _____

Address _____

Phone _____ Fax _____ E-Mail _____

Developer's Name (if different than applicant) _____

Developer's Address _____

Phone _____ Fax _____ E-Mail _____

Section III – to be completed by township at time of application:

Township Filing Fee: \$ _____ Check # _____ (payable to Lower Salford Twp.)

Review Escrow Fee: \$ _____ Check # _____ (payable to Lower Salford Twp.)

MCPC Review Fee: \$ _____ Check # _____ (payable to M. C. Treasurer)

Plans _____ (number of copies) Type: Sketch _____ Preliminary _____ Revised _____

Township Extension of Time Form: Yes _____ No _____

Stormwater Management & Erosion Control Reports: _____ (number of copies)

Other Documents: _____

Date of Planning Commission Meeting: _____

