



SUBDIVISION & LAND DEVELOPMENT REVIEW APPLICATION

Plan Title: _____

Property Location: _____

PIN(s): _____ Lot Size(s): _____

Initial Application – Includes initial application for Sketch Plan Review or Preliminary, Final or Preliminary/Final Plan Review (Completed Application, Application Fee and Escrow Required)

SUBMISSION FILING DEADLINE: 1st THURSDAY OF THE MONTH 4PM

COMPLETE SUBMISSION ACCEPTANCE DEADLINE: 2nd THURSDAY OF THE MONTH 4PM

Resubmission (Completed Application (First 4 Pages ONLY) and Resubmission Fee Required)

RESUBMISSION ACCEPTANCE DEADLINE: 2nd THURSDAY OF THE MONTH 4PM*

**Resubmission may be accepted up to the 3rd Thursday of the month with the prior approval of the Planning Commission*

For: **Planning Commission** **Board of Commissioners** Targeted Meeting Date: _____

Application Category (check one):	Application Class (check one):	Application Type (check one):
<input type="checkbox"/> Major Plan	<input type="checkbox"/> Residential <input type="checkbox"/> Planned Residential Dev <input type="checkbox"/> Non-Residential <input type="checkbox"/> TND Overlay Development	<input type="checkbox"/> Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Preliminary/Final <input type="checkbox"/> Final
<input type="checkbox"/> Minor Plan (including lot line adjustments)	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Preliminary/Final <input type="checkbox"/> Final

To request a waiver from the land development process, please use the **Rezoning, Code Amendment & Waiver Review Request** form

PROPERTY OWNER INFORMATION: (If a Corporation, list Corporation’s name, address, and two officers.)

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

APPLICANT INFORMATION: (If a Corporation, list Corporation’s name, address, and two officers.)

Owner (same as above) **Contract** **Purchaser** **Authorized Agent**

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

To facilitate an accurate and expeditious review of your application, please complete this form as thoroughly as possible.

ENGINEER, SURVEYOR OR PLANNER responsible for the preparation of the plan:

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Legal Counsel (if any):

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

PROJECT DETAILS AND SUBMISSION REQUIREMENTS: (Check all that apply)

<input type="checkbox"/> Land Division ONLY - Resubdivision, Lot Line Adjustment or Minor Subdivision (<u>No Improvements</u>)	<u>EXISTING LOTS</u>	<u>CHANGES</u>	<u>PROPOSED LOTS</u>
	_____	_____	_____

<input type="checkbox"/> Residential (Complete if Mixed Use)	<u>EXISTING</u>	<u>CHANGES</u>	<u>PROPOSED</u>
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Lots	_____	_____	_____
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Single Family Dwellings	_____	_____	_____
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Semi-Detached Dwellings (Twins, 2-Flats)	_____	_____	_____
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Single Family Attached Dwellings (Townhomes)	_____	_____	_____
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Multi-Family Dwellings (3-Flats or Apartments)	_____	_____	_____
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New Road (in linear feet)	_____	_____	_____
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Recreation/Open Space (in square feet)	_____	_____	_____
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<input type="checkbox"/> Non-Residential (Complete if Mixed Use)	<u>EXISTING</u>	<u>CHANGES</u>	<u>PROPOSED</u>
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Lots	_____	_____	_____
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Gross Floor Area	_____	_____	_____
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Building Height	_____	_____	_____
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Number of Stories	_____	_____	_____
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Parking Spaces	_____	_____	_____
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Site Impervious Coverage (in square feet)	_____	_____	_____
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New Road (in linear feet)	_____	_____	_____
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Recreation/Open Space (in square feet)	_____	_____	_____
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To facilitate an accurate and expeditious review of your application, please complete this form as thoroughly as possible.

SUBMISSION COMPLETENESS REVIEW CHECKLIST

Must be completed by the Applicant. Staff will confirm as part of Completeness Review.

INITIAL APPLICATION: The initial application for a Sketch Plan review or the initial application for a Preliminary, Final, or Preliminary/Final Plan review by a Board or Commission.

APPLICANT SIGN-OFF		REQUIRED ITEM	TOWNSHIP SIGN-OFF
SUBMITTED	NOT APPLICABLE		
		\$50 SUBMISSION FILING FEE	
		3 Paper Copies of the Completed APPLICATION	
		1 Paper Copy of a W-9 (October 2018 or later)	
		1 Paper Copy of REQUIRED ESCROW ACCOUNT OPENING INFORMATION Form	
		3 Paper Copies of the PROJECT NARRATIVE	
		3 Paper Copies of the WAIVER/DEFERRAL REQUEST LETTER	
		10 Paper Copies of the PLAN SET (See SWT SALDO for required plan sheets)	
		3 Paper Copies of the PCSM PLAN SET	
		3 Paper Copies of the E&SC PLAN SET	
		2 Paper Copies of the E&SC NARRATIVE	
		2 Paper Copies of the TRAFFIC REPORT	
		2 Paper Copies of the SEWAGE FACILITIES PLANNING MODULE Data	
		1 Paper Copy of DOCUMENTATION OF TRANSMITTAL to LVPC	
		1 Paper Copy of DOCUMENTATION OF TRANSMITTAL to LCCD	
		1 Paper Copy of DOCUMENTATION OF TRANSMITTAL to PENNDOT	
		1 Paper Copy of DOCUMENTATION OF TRANSMITTAL to LANTA	
		PDF COPIES of the entire submission package	
		ADDITIONAL INFORMATION SUBMITTED:	

COMPLETENESS REVIEW: Upon receipt of the Initial Application, Township staff will conduct a Completeness Review. The Applicant will be notified via email of any deficiencies within the application and the timeframe in which to remedy the deficiencies. Should the application be deemed acceptable, the Applicant will be sent an invoice for the APPLICATION FEE, an invoice for the SUBDIVISION ESCROW, and a blank ESCROW AND REIMBURSEMENT AGREEMENT. The two fees and the completed AGREEMENT shall be submitted to the Township before the application is deemed COMPLETE and ACCEPTED. *Materials submitted after ACCEPTANCE will not be reviewed for the public meeting.*

RESUBMISSION: All subsequent applications for a Sketch Plan review or all subsequent applications for a Preliminary, Final, or Preliminary/Final Plan review by a Board or Commission.

APPLICANT SIGN-OFF		REQUIRED ITEM	TOWNSHIP SIGN-OFF
SUBMITTED	NOT APPLICABLE		
		RESUBMISSION FEE (See next page)	
		Completed APPLICATION	
		8 Paper Copies of the PLAN SET	
		2 Paper Copies of All Other Supporting Plan Sets or Documents	
		PDF COPIES of entire submission package	

LAND DEVELOPMENT FEE SCHEDULE EXCERPT:

Type of Application	Completeness Review Fee	Application Fee	Escrow Amount	Resubmission Fee
Minor Plan Review	\$50	\$700	\$4,500 PLUS \$500/additional lot	\$500
Major Sketch Plan Review	\$50	\$750	\$5,000 (to be credited to a subsequent Preliminary or Preliminary/Final submission escrow)	\$550
Major Non-Residential Plan Review	\$50	\$1,200	\$5,000 PLUS (0 to 5 acres - \$5,000/acre, rounded up) PLUS (>5 to 10 acres - \$2,000/acre, rounded up) PLUS (>10 to 20 acres - \$1,000/acre, rounded up) PLUS (20+ acres - \$250/acre, rounded up)	\$850
Major Residential Plan Review	\$50	\$1,000	\$5,000 PLUS (1 to 10 lots - \$1,000/lot) PLUS (11 to 20 lots - \$500/lot) PLUS (21+ lots - \$200/lot)	\$650
Major Mixed-Use Plan Review	\$50	\$1,200	\$5,000 PLUS [for residential lots (1 to 10 lots - \$500/lot) PLUS (11 to 20 lots - \$250/lot) PLUS (21+ lots - \$100/lot)] PLUS [for non-residential or mixed-use areas (0 to 5 acres - \$2,500/acre, rounded up) PLUS (>5 to 10 acres - \$1,000/acre, rounded up) PLUS (>10 to 20 acres - \$500/acre, rounded up) PLUS (20+ acres - \$100/acre, rounded up)]	\$850
Resubdivision/Lot Line Adjustment Plan Review	\$50	\$600	\$5,000	\$450

All Checks Are To Be Made Payable To "South Whitehall Township"

- Completeness Review Fee:** \$50 Check No. _____ **Credit This Plan's Sketch Plan Escrow To This Escrow**
Application Fee Invoice and Required Escrow Amount will be received after the successful completion of the Completeness Review
- RESUBMISSION FEE:** \$ _____ Check No. _____

SIGNATURES:

The undersigned represents that to the best of his knowledge and belief, all the above statements are true, correct and complete.

The undersigned further represents that except as otherwise specifically noted on the attached sheets, all proposed public improvements and facilities as shown on the Subdivision Plans, are to be improved, constructed and completed, or acceptable security shall be posted with the Municipality in sufficient amount to cover full estimated cost of construction thereof, prior to sale, transfer or agreement of sale of any subdivided parcel as shown on the plan.

The applicant and/or authorized agent agrees to appear to present the application to the Commission at any public hearing the Commission holds on the application.

Signature of Applicant

Printed Name

Date

COPYRIGHTED MATERIALS STATEMENT: The applicant warrants that he/she/it has the right to grant permission and does in fact provide permission to the Township to publish, use, and/or distribute any copyrighted materials (including plans) submitted as part of this application and which may be provided at any time to the Township for the approval and completion of the project. Such permission is required for the purpose of providing information to the public. Copyrighted material may be posted on the Township website and available for viewing at public meetings.

Signature of Applicant

Printed Name

Date

Signature of Engineer

Printed Name

Date

SUBMIT APPLICATION PACKAGE TO: SWT PLANNER, COMMUNITY DEVELOPMENT DEPT.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
-	
-	
OR	
Employer identification number	
-	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



REQUIRED ESCROW ACCOUNT OPENING INFORMATION

INFORMATION REQUIRED IN ORDER TO OPEN ESCROW ACCOUNT PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

For Individuals, please fill in the information requested in the box below:

PLEASE NOTE	If the individual has a Tax Identification Number (TIN), please provide, with this completed form, the following: A completed Form W-9 Request For Taxpayer Identification Number And Certification.
	If the individual does not have a TIN, please provide, with this completed form, the following: A completed Form W-8EN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. Supporting documentation when required to certify the foreign status of the individual.

INDIVIDUAL'S NAME: _____ **DATE OF BIRTH (MM/DD/YYYY):** _____

PHYSICAL ADDRESS (PO Box not acceptable): _____

TELEPHONE NUMBER: _____ OCCUPATION/PROFESSION: _____

TAX IDENTIFICATION NUMBER: _____ TAX IDENTIFICATION NUMBER TYPE: TIN SSN

COUNTRY OF CITIZENSHIP: _____ ARE YOU A LEGAL RESIDENT OF THE UNITED STATES: YES NO

DO YOU CONDUCT BUSINESS IN NON-US COUNTRIES? YES NO

IF YES, PLEASE LIST THEM: _____

I certify that the above information is correct and true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

For Non-Individual Entities (corporations, etc.), please fill in the information requested in the box below:

NOTE	Please provide, with this completed form, a completed Form W-9 Request For Taxpayer Identification Number And Certification, signed by an authorized individual for the non-individual entity.
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NON-INDIVIDUAL ENTITY'S NAME: _____

PHYSICAL ADDRESS (PO Box not acceptable): _____

TELEPHONE NUMBER: _____ ENTITY FORMATION DATE: _____

TAX IDENTIFICATION NUMBER: _____ TAX IDENTIFICATION NUMBER TYPE: EIN TIN SSN

COUNTRY OF REGISTRATION: _____ STATE OF REGISTRATION: _____

DESCRIPTION OF BUSINESS SERVICES PROVIDED: _____

ARE YOU AN INTERNET GAMBLING BUSINESS: YES NO

DO YOU CONDUCT BUSINESS IN NON-US COUNTRIES? YES NO

IF YES, PLEASE LIST THEM: _____

I certify that the above information is correct and true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____