NORTHAMPTON COUNTY SUBDIVISION AND LAND DEVELOPMENT ORDINANCE

SUBDIVISION APPROVAL APPLICATION FORM

Type of Subdivision: (check one)

Sketch ________ Preliminary ________ Final ________ Minor ________

Name of Subdivision: ________________________________ ________________________________

Date of Application: ___________________________________________________________________

Owner’s Name: ______________________________________________________________________

Address: __________________________________________________________________________

______________________________________________________________________________

Phone #: __________________________________________________________________________

Applicant’s Name: __________________________________________________________________

Address: __________________________________________________________________________

______________________________________________________________________________

Phone #: __________________________________________________________________________

Engineer or Surveyor Responsible for Plan: _____________________________________________

Address: __________________________________________________________________________

______________________________________________________________________________

Phone #: __________________________________________________________________________

Municipality in Which Site is Located: _________________________________________________

Number of Lots Proposed: ____________________________________________________________

Total Acreage of Site: ________________________________________________________________

Lineal Feet of New Streets: ___________________________________________________________

Water Supply: (check one) Public ________ On-Lot ________ None ________

Sewerage System: (check one) Public ________ On-Lot ________ None ________

I hereby agree to pay the Lehigh Valley Planning Commission for all review fees required by the
Northampton County Subdivision and Land Development Ordinance.

________________________________________________________
Signature of Applicant