

Phone: (610) 865-3291

Fax: (610) 867-3580

www.lowersaucontownship.org

Stormwater Management Plan Application

A completed application form and fees must be submitted with 4 copies of required associated plans and documents to Lower Saucon Township. Projects that are seeking Subdivision or Land Development approval and have current or concurrent applications <u>shall be exempt</u> from this application.

DATE:			TAX PARCEL:					
PARCEL ADDRESS:								
NAME OF DEVELOPMEN	Т:							
APPLICANT NAME:				PHONE:				
ADDRESS:								
PROPERTY OWNER NAME:				PHONE:				
ADDRESS:								
ENGINEER NAME:				PHONE:				
ADDRESS:								
TYPE OF DEVELOPMENT: Residential			□ Co	ommercial D Other:				
PARCEL SIZE:			TOTAL NEW IMPERVIOUS:					
EXEMPTION REQUESTED?		□ Yes	□ No	(Back-up	up documentation required)			
LVPC ACT 167 APPROVAL REQ'D?		□ Yes	□ No	APPROVAL OBTAINED?		□ Yes	□ No	
NPDES PERMIT REQUIRE (Note:	☐ Yes vals have been of	□ No otained, please		AL OBTAINED?	□ Yes	□ No		
CHECKLIST OF REQUIRE	MENTS:							
Four (4) copies –	Plan (signed	l & sealed by	y Engineer))				
Four (4) copies –	Stormwater	Narrative &	c Calculatio	ns (signed &	k sealed by Engineer)			
Four (4) copies –	Onsite Soil	Test Results	(certified l	oy soil scien	tist)			
SIGNATURE:	DATE:							
	(Applicant of A	gent for Applicant)						
			(For Official Use)					
DATE RECEIVED:								
FILING FEE:	\$			□ Checl	κ#			
REQUIRED ESCROW:	\$			□ Checl	s #			
02/24/44								