



Plainfield Township

Planning Office

6292 Sullivan Trail
Nazareth, Pa. 18064

Official Use Only:

Application # _____

Date received / Resubmission Date:

Phone: 610-759-6944 x 103

email: zoning@plainfieldtownship.org

PLANNING COMMISSION APPLICATION: SKETCH PLAN

CONTACT INFORMATION (all information is required):

Applicant's Name _____ Address _____

Daytime Phone Number _____

Email _____

Owner's Name _____

Address _____

Daytime Phone Number _____

Email _____

Professional Engineer/Consultant Name: _____

Firm: _____

Address _____

Daytime Phone Number _____

Email _____

Attorney's Name (if applicable) _____

Firm: _____

Address _____

Daytime Phone Number _____

Email _____

PLAN INFORMATION:

Name of Sketch Plan:

Location/Address: _____

Parcel #(s): _____

Current Lot size: _____ acre Proposed Number of lots: _____

Zoning District & Overlays: _____ Existing

Impervious: _____ SF Existing Building Coverage: _____ SF

Proposed Impervious: _____ SF Proposed Building Coverage: _____ SF

PLAN CONTENTS: (Check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Plan | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Major Subdivision |
| <input type="checkbox"/> Revised Plan | <input type="checkbox"/> Final Plan | <input type="checkbox"/> Land Development |
| <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Site Plan Review |

PLOT IMPROVEMENTS: (Check where appropriate)

Lineal Feet of road frontage for each lot : _____

Lineal feet of proposed road: _____

Water Supply:

- ☐ Public (Service letter: pending or enclosed)
- ☐ Centralized
- ☐ On-Lot
- ☐ Other _____

Sewage Disposal:

- ☐ Public (Service letter: pending or enclosed)
- ☐ Centralized
- ☐ On-Lot
- ☐ Other _____

The following items shall be submitted along with the Application:

(application will not be accepted as received if any of the following are missing)

- ☐ One original and TEN copies of this application ☐ One original and TEN copies of ALL plans and materials
- ☐ Electronic copy of all submission documents (emailed PDF, CD or thumb drive)

☐ Correct Application Fees (see fee current fee schedule)

*The professional services escrow account must be replenished to its original amount as required for the applicable application type within fifteen (15) days from receipt of written notice by the Township when it is depleted to fifty percent (50%) of the original amount and further costs are expected to be incurred by the Township. Submission of revised Final Plans shall require the replenishment of the escrow amount to one-hundred percent (100%) of its original amount as required for the applicable application type upon resubmission. Failure to replenish the escrow account as required will result in a stop work order being placed on all further legal and engineering services to be incurred by the Township.

If Submitted Application is incomplete, illegible, or not accompanied with the required funds, the application will be rejected by the Township.

APPLICANTS ACKNOWLEDGEMENT:

I, _____, do hereby certify by my signature that the information checked off and provided with this Application is true and correct to the best of my knowledge. I, _____, do hereby acknowledge by my signature that any work related to this proposal is subject to additional permitting (including but not limited to Uniform Construction Code building permits, septic on-lot disposal system permits, stormwater permits, and zoning/grading permits) which MUST be provided to the Township upon approval of this plan. No work shall commence without approval from the Township.

Printed Name of Applicant _____

Applicant's Signature _____ Date: ____/____/____