



UPPER MACUNGIE TOWNSHIP APPLICATION FOR A PRE-APPLICATION CONSULTATION MEETING

Date Received: _____
(Township Use Only)

UMT Docket #: _____
(Township Use Only)

1. Fill out the entire application (print legibly or type the information). Sign and Date the application.
2. A complete application, along with one (1) copy of the conceptual plan or drawings must be submitted with the application along with a digital copy.
3. The application and all materials must be originals. The Township will not accept fax copies of any materials associated with this application.
4. All applicable fees and escrow must be paid at the time of application submission, or the application will not be accepted. All checks are to be made payable to Upper Macungie Township (separate checks are required for escrow). Township Staff will not schedule a pre-application meeting until all fees and escrows have been paid.
5. All applicants are encouraged to review the Upper Macungie Township Ordinances prior to applying. Township Ordinances are available online at www.uppermac.org. Applicants are expected to comply with all applicable Township Ordinances, state, and federal laws.

GENERAL INFORMATION

Plan Name/Title _____

Project Location/Address _____

Parcel Identification Number (PIN) _____ Zoning District _____

LAND USE

Current Use of Property: _____

Gross Acreage of Tract: _____ Developable Acreage of Tract: _____

Proposed Use of the Property – Describe the purpose of this project, in detail. Indicate whether it is residential, commercial, industrial, or institutional. (Attach additional sheets if necessary):

CONTACT INFORMATION

APPLICANT (Contact Person)	Name	
	Company	
	Address	
	Telephone #	Fax #
	Email	
	HOW DO YOU WISH TO RECEIVE CORRESPONDENCE <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	
PROPERTY OWNER	Name	
	Company	
	Address	
	Telephone #	Fax #
	Email	
	DO YOU WISH TO RECEIVE CORRESPONDENCE? <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	
ENGINEER	Name	
	Company	
	Address	
	Telephone #	Fax #
	Email	
	DO YOU WISH TO RECEIVE CORRESPONDENCE? <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	
OTHER	Name	
	Company	
	Address	
	Telephone #	Fax #
	Email	

PLAN REVIEW ESCROW FEE

Check Number: _____

Amount: \$ _____

W9 Form Enclosed: _____

Escrow Number: _____
Township Use Only

Should the Township have questions regarding your escrow account, who may we contact?

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Applicant Signature

Township Representative Signature

Print Name

Print Name