

## **Application for Preliminary Plan Approval**

Revised 8/4/2023

Application is hereby made for approval by the Board of Commissioners of the attached Preliminary Subdivision/Land Development Plan, submitted in accordance with the regulations of Chapter 212 of the Upper Dublin Township Code (15 folded copies are to be submitted with this application).

| A. Name of Subdivision/Land Development  |
|--|
| B. Location  |
| C. Tax Plat Block/Unit Parcel No   |
| D. Name of Owner (if a corporation, list two officers)                                 |
| E. Name of Applicant (if a corporation, list two officers)                             |
| Address:   |
| Phone: E-mail:   |
| F. Name of Engineer, Surveyor, or Planner responsible for the preparation of the plan: |
| Address:   |
| Phone: E-mail:   |
| G. Existing Zoning Classification:   |
| Total Acreage: Number of Lots:   |
| Sewerage: Public Private:  |
| Water: Public Private:   |

| H. Does this application meet all the                          | e requirements of the existing zoning classification?       |
|--|---|
| Yes No   |   |
| If no, attach a list of requested v                            | variances and/or special exceptions.                        |
| 1. Is the property subject to any end                          | cumbrances, deed restrictions, etc.? Yes No                 |
| If yes, attach a copy.   |   |
| J. List additional materials submitte                          | d with this application:                                    |
| 1.   |   |
| 2  |   |
| 3  |   |
| . K. Fee Schedule (make checks paya                            |   |
| RESIDENTIAL  |   |
| 2 to 5 dwelling units  | \$150 + \$30/unit   |
| 6 to 10 dwelling units   | \$280 + \$30/unit   |
| 11 to 20 dwelling units  | \$430 + \$30/unit   |
| 21 to 99 dwelling units  | \$580 + \$30/unit   |
| 100 or more dwelling units                                     | \$720 + \$30/unit   |
| NON-RESIDENTIAL  |   |
| All land developments  | \$300 + \$70/acre   |
| Amendments to approved or red                                  | corded plans: \$800   |
|  |   |
| L. Escrow Fund   |   |
| The escrow fund shall be applied payable to Upper Dublin Towns | ed to expenses with the balance refunded. Make checks ship. |
| Subdivision plan, per lot:                                     | \$750   |
| Land development plans:  | \$2,000 + \$400 per disturbed acre or portion thereof       |

| M. | Fee for Preliminary Plan:  | \$   |  |  |
|----|--|--|--|--|
|    | Escrow:  | \$   |  |  |
|    | As soon as this escrow account decreases by fifty percent (50%), the applicant shall make payment in an amount necessary to fully fund the account. Upon the recording of the Subdivision/Land Development Plan with the Recorder of Deeds, and the payment of all expenses incurred by the Township, the balance of the escrow account shall be refunded to the applicant. Money held in escrow will not be returned until all invoices have been received and paid by the escrow account.  |  |  |  |
|    | NOTE: A Montgomery County Planning Commission review fee is also require with this application.  |  |  |  |
| N. | Signature  |  |  |  |
|    | The undersigned represents that above statements are true, corre   | to the best of his/her knowledge and belief, all of the ct and complete. |  |  |
|    | The applicant does,does not,waive the ninety (90) daytime period required under Act 247 of the Commonwealth of Pennsylvania within which Upper Dublin Township is either to approve or disapprove this Preliminary Plan.  In the event the applicant withes to have the review by the Township discontinued, he/she will notify the Township immediately, in writing, and processing of the review will be terminated upon receipt of such written notification to the Township, it being understood that all bills accrued to date of termination will be paid from the escrow fur with the balance, if any, returned to the applicant. |  |  |  |
|    |  |  |  |  |
|    | DATE   | SIGNATURE OF APPLICANT   |  |  |
|    | UPPER DUBLIN TOWNSHIP  Checked for completeness and received for review on:  Received by:  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    | U.D. Reference Number:   |  |  |  |
|    | Date of Distribution:  |  |  |  |
|    | NINETY DAY TIME PERIOD   | ENDS:  |  |  |