



# APPLICATION FOR PLAN REVIEW

Plan(s) requested to be reviewed:

(Check all that apply)

1053 Spruce Road | PO Box 3348  
Allentown, PA 18106  
Phone: 610-398-2503 | Fax 610-398-8413  
Email: [service@lehighcountvauthoritv.org](mailto:service@lehighcountvauthoritv.org)

Public Service Type:  WATER  SANITARY

Plan Type:  LAND DEVELOPMENT  COMM./IND. METERING/BACKFLOW  
 CHANGE OF USE ONLY

APPLICATION DATE:

## Part I Applicant/Owner Information

### Applicant Information

Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*Address City, State Zip*  
Email Address: \_\_\_\_\_

### Property Information

Owner Name (Print): \_\_\_\_\_ Municipality: \_\_\_\_\_  
Parcel Address: \_\_\_\_\_  
*Address City, State Zip*  
County Pin #: \_\_\_\_\_ Development Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Part II Plan & Fee/Deposit Information

### A. Minor & Major Land Developments

No. of Building Lots: \_\_\_\_\_

### B. Comm./Ind. Metering/Backflow

No. Of Comm./ind. Building units: \_\_\_\_\_

*D\*Please note that plumbing & fire protection plans shall be submitted to LCA for review and approval prior to obtaining water service.*

### C. Applicable Fee/Deposit (per each public service type)

Small Subdivision (Less than 20 lots): \$400 plus \$15 per lot (Deposit)

Large Subdivision: \$1000 plus \$15 per lot (Deposit)

Land Development: \$500 (Deposit)

Comm./Ind. Metering/Backflow Review: \$150 per building (Fee)

Change of Use Plan Review: \$ (No Charge)

Total Amount Due: \_\_\_\_\_

### C. Building Change of Use/Intensification

Existing Use: \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_ Estimated GPD: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_ Estimated GPD: \_\_\_\_\_

*\*Please note: Existing and proposed use plans shall be submitted to LCA for review.\**

## Terms of Deposit

- The Deposit will be used for reimbursement to the Authority of any and all engineering, legal or other justifiable expenses incurred in the review of the aforementioned plans.
- Applicant agrees to reimburse the Authority for all costs incurred should the Deposit balance be less than the cost of plan review. Each deposit account will be reviewed on a biweekly basis during periods of activity. An additional deposit will be required before the review will continue if the balance is deemed by the Authority to be insufficient to complete the review. Within 45 days of Final Plan approval by the Authority or the withdrawal of the plan by the applicant, any unexpended balance of the Deposit will be refunded to the Applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date