

**BETHLEHEM TOWNSHIP MUNICIPAL AUTHORITY (BTMA)
4225 EASTON AVENUE, BETHLEHEM PA 18020
PUBLIC SEWER PLAN REVIEW AGREEMENT**

****PLEASE PRINT OR TYPE****

DATE: _____

Plan Name of Development

Name of Owner/Applicant

Billing Contact (_____) _____
Telephone

Billing Street Address (Owner)

Billing Contact Email Address

City, State, Zip

Trade Name of Development and Phase

Consulting Engineer

Consultant Engineer (Telephone)

Street Address

Consultant Email Address

City, State, Zip

Deed Book Page

Tax Map Parcel Number

Name of Counsel

Address of Counsel

The amount indicated shall be placed in a non-interest bearing escrow account for use by the BTMA for the necessary plan review, engineering, legal, and miscellaneous expenses for the review of this project.

Telephone Number of Counsel

Email of Counsel

1. Initial Plan Review Escrow Deposit:

- \$1,000 for 1 to 5 lots extension, or**
- \$2,500 for 6 to 12 lots extension, or**
- \$4,000 for 13 to 80 lots extension, or**
- Add \$250 for each additional 10 lots**

MAKE CHECKS PAYABLE TO: BETHLEHEM TOWNSHIP MUNICIPAL AUTHORITY

Owner/Agent as identified above hereby applies to the Bethlehem Township Municipal Authority for consideration to construct a public sanitary sewer extension. The Owner/Agent Applicant located at the above address hereby deposits the sum of \$_____ in a non-interest bearing account to be managed by the Bethlehem Township Municipal Authority and utilized for the sole purpose of conducting plan submission reviews, legal, engineering, and miscellaneous expenses associated with this service. The Owner/Agent agrees to permit the escrow to be withdrawn from by the BTMA for these services ONLY. The Owner/Agent agrees to maintain a minimum of no less than 30% of the initial deposit unless modified by the BTMA. The Owner/Agent also agrees to pay a two percent

(2%) non-refundable administration fee for the total value of each individual billing. Billing will occur in no more than 30 day cycles. If BTMA expenses are less than said deposit, the difference will be refunded to the Owner, or at the Owners discretion, may be held over by the BTMA for the initial construction services deposit. If said expenses exceed the deposit, the shortage is to be paid within seven (7) business days of billing notice by the BTMA. Failure to satisfy an outstanding amount due, and or replenish the plan review escrow to 30% of the initial deposit will result in the termination of all associated services, the account closed, and the Owner will be required to re-apply and pay a re-calculated initial deposit before services are restored. The BTMA will have the sole authority to reduce the minimum amount on deposit required.

Any outstanding amounts due the BTMA after 45 days from the time of the seven (7) day billing notice will result in legal action to secure the amount owed. The Owner shall be responsible for 100% of all collection costs. The costs may include but are not limited to all collection, legal, and court costs associated with the collection activity. The seven (7) day notice will be the ONLY notice sent regarding additional amounts owed.

I the Owner/Agent do hereby agree to the above conditions. I hereby declare my intent to comply with all BTMA specifications, and financial obligations pertaining to this plan review request application agreement. I agree to pay all applicable BTMA charges as identified by this agreement.

Based on these financial obligations and conditions, I have attached a bank certified check, or money order as my initial deposit.

OWNER-APPLICANT (Signature)

OWNER-APPLICANT (Please Print)

Date: _____

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BTMA USE ONLY

Initial Deposit \$ _____ **Maintain 30% Value** _____

Date of Deposit _____

Financial Institution _____

Account Agent _____

Project Number: _____

BTMA Agent (Signature)

BTMA Agent (Please Print)

Date: _____