

EAST ALLEN TOWNSHIP

5344 Nor-Bath Boulevard
Northampton, PA 18067-9063
Phone: 610-262-7961 Fax: 610-262-8788
www.eatwp.org

Date _____

To: East Allen Township
Board of Supervisors
5344 Nor-Bath Boulevard
Northampton, PA 18067

RE: Plan Name: _____

Applicant(s): _____

Owner(s): _____

Dear Township Supervisors:

I (we) hereby grant a waiver of time limitations which may be established by Township Ordinances and/or the State Laws (such as the Municipal Planning Code) for the East Allen Township Planning Commission to make a recommendation and for the East Allen Township Board of Supervisors to make a decision of approval, conditional approval or rejection of the above referenced plan. This waiver is granted until _____*, _____.

Very truly yours,

_____ Applicant's/Owner's Signature

_____ Address

_____ Telephone and Facsimile

* Use the last day of the month