# SUBDIVISION AND LAND DEVELOPMENT REVIEW APPLICATION FORM

Company Phone:

(Day Time)

(Mobile)

This Application must be completed in its entirety by the Applicant and received by the West Providence Township Office <u>fourteen (14) days</u> prior to the West Providence Township Planning Commission meeting, along with plans, supporting documentation, and fees as required by the Subdivision and Land Development Ordinance, as amended.

Contact the Township Office for scheduled meeting times and dates.

## West Providence Township

83 East Fifth Avenue Everett, PA 15537 Phone: 814) 652-5943 Fax: (814) 652-5711 www.westprovidencetownship.org

hip Planning Commission meeting, nentation, and fees as required by ment Ordinance, as amended	TO BE COMPLETED BY TOWNSHIP					
	Application Date:					
	Date Submitted to BCPC:					
	Administratively Complete Date:					
	Official Filing Date:					
neduled meeting times and dates.	Application Fee:					
	Deposit Fee for Reviews:					
	Project Tracking Number:					
SECTION TO BE COMPLETED BY APPLICANT						

<b>Development or Subdivision Plan Information:</b> Name of Development or Subdivision Plan:			Applicant's Submission Date:				
Location of Development or Addres					SUDMISSION		
Development of Addres	Street Addr	ess			City	State	Zip Code
Type of Plan Submissio	n.	Plan Classificatio	n.		-	l Number(s):	
(Check only one. Must coincid		(Check all that apply.)	<u></u>		(Use format x		
Sketch Plan (optic	onal)	Subdivision					
Preliminary Plan		Number of Lo	ots, including parent tr	act(s):			
Preliminary/Final P	'lan	Land Devel	opment Plan	· · ·			
Final Plan		🗌 Waiver Reg	Uest (List on page 2)				
Landowner Information Name or Company: Landowner Address:	on: 				Contact Pe	rson:	
	Street Addre	SS			City	State	Zip Code
Landowner Phone:	(Day / Times)		/[mu]		Email:		
	(Day Time)	(Mobile)	(Fax)				
Applicant Information				<b>—</b>			
(Check all that apply)	Landowr	ner 🔲 Equitable C	Wher Develop	er 🗌 Subc	divider ∐O	ther:	
Name or Company:					Contact Per	rson:	
Applicant Address:							
	Street Addres	SS			City	State	Zip Code
Applicant Phone:					Email:		
	(Day Time)	(Mobile)	(Fax)				
Consultant Information	on:						
(Check all that apply)	Surveyor	🗌 Engineer	Architect	Other:			
Company Name:					Contact Per	rson:	
Company Address:	Street Addres	55			City	State	Zip Code

(Fax)

Email:

### SECTION TO BE COMPLETED BY APPLICANT, CONTINUED

#### **Project Information:**

Describe the Planned Development or Subdivision, including the existing and proposed activities planned for the site:

Proposed Land Use:	Requested Waivers from Subdivision and Land Development Requirements:			
(Check all that apply and identify # of lots for each proposed land use.)	Section Reference:	Describe minimum modification necessary for proposed development/subdivision plan.		
Agricultural				
Single Family				
Townhouse/Duplex				
Apartments				
Commercial				
Professional				
Industrial				
Other				

Plan Information:						<u>Utili</u>	ty Information:	
Total Acreage:	Residual Acreage of Parent Tract:			(Check all that apply.)				
Square footage of proposed building(s) and/or building addition(s): SF			SF	Public/Community Water				
Area of Earth Disturbance:	Acres	<u>(</u>	<u>DR</u>		SF		Name:	
Erosion & Sediment Control Plan:	Permit Issued		Submitted to BC	CD	N/A		Private On-site V	Vater
NPDES Application:	Permit Issued		Submitted to BC	CD	N/A		Existing	Proposed
Ownership of Road:	Public		Private	В	oth		Public/Commur	ity Sanitary Sewer
Highway Occupancy Application:	Permit Issued		Submitted to PA	DOT	N/A		Name:	
Is Site Situated in a Floodplain?	Yes		No				Private On-site S	anitary Sewer
Water Encroachment Application:	Permit Issued		Submitted to DE	Р	N/A		Permitted	Proposed
Act 537 Sewer Planning Module:	Permit Issued		Submitted to SEC	С	🗌 N/A		Type of System:	

### DISCLAIMER AND SIGNATURE

I, or we, acknowledge that all information provided in this Application and in the Plan Submission are true, accurate, and complete. I, or we, understand that false statements herein are subject to penalties, and I or we, shall comply with all ordinances of West Providence Township as they apply.

Signature:

Date: