

SUBDIVISION AND LAND DEVELOPMENT REVIEW APPLICATION FORM

West Providence Township

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

This Application must be completed in its entirety by the Applicant and received by the West Providence Township Office fourteen (14) days 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.

TO BE COMPLETED BY TOWNSHIP	
Application Date:	
Date Submitted to BCPC:	
Administratively Complete Date:	
Official Filing Date:	
Application Fee:	
Deposit Fee for Reviews:	
Project Tracking Number:	

SECTION TO BE COMPLETED BY APPLICANT

Development or Subdivision Plan Information:

Name of Development or Subdivision Plan: _____ Applicant's Submission Date: _____

Location of Development or Address: _____
Street Address City State Zip Code

Type of Plan Submission: <small>(Check only one. Must coincide with plans.)</small> <input type="checkbox"/> Sketch Plan (optional) <input type="checkbox"/> Preliminary Plan <input type="checkbox"/> Preliminary/Final Plan <input type="checkbox"/> Final Plan	Plan Classification: <small>(Check all that apply.)</small> <input type="checkbox"/> Subdivision Plan Number of Lots, including parent tract(s): _____ <input type="checkbox"/> Land Development Plan <input type="checkbox"/> Waiver Request (List on page 2)	Tax Parcel Number(s): <small>(Use format xx-x-xxx)</small> _____ _____ _____
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Landowner Information:

Name or Company: _____ Contact Person: _____

Landowner Address: _____
Street Address City State Zip Code

Landowner Phone: _____ Email: _____
(Day Time) (Mobile) (Fax)

Applicant Information:

(Check all that apply) Landowner Equitable Owner Developer Subdivider Other: _____

Name or Company: _____ Contact Person: _____

Applicant Address: _____
Street Address City State Zip Code

Applicant Phone: _____ Email: _____
(Day Time) (Mobile) (Fax)

Consultant Information:

(Check all that apply) Surveyor Engineer Architect Other: _____

Company Name: _____ Contact Person: _____

Company Address: _____
Street Address City State Zip Code

Company Phone: _____ Email: _____
(Day Time) (Mobile) (Fax)

