

APPENDIX B- APPLICATION FOR SUBDIVISION PLAN APPROVAL

| SECTION 1. PROJECT NAME & LOCATION | |
|---|--|
| Project Name: | |
| Street Address (If Any): | |
| Uniform Parcel Identifier: | Zoning Classification: |
| Deed Book No.: | Page No.: |
| Total Project Acres: | Total Disturbed Acres: |
| Number of Lots Proposed (including residue): | Plan Stage (Sketch, Preliminary, Final): |

| SECTION 2. APPLICANT INFORMATION | | | |
|---|-------------|--------|----------|
| Owner's Last Name: | First Name: | Phone: | Fax: |
| Mailing Address: | City: | State: | Zip + 4: |
| Developer's Last Name (If Different From Owner) | Fist Name: | Phone: | Fax: |
| Mailing Address: | City: | State: | Zip + 4: |

| SECTION 3. CONSULTANT FOR THIS PROJECT | | |
|---|------------------|----------|
| Last Name: | First Name: | |
| Title: | Consulting Firm: | |
| Mailing Address: | | |
| City: | State: | Zip + 4: |
| Email: | Phone: | |
| | Fax: | |

| SECTION 4. TYPE OF DEVELOPMENT | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi-Family (Townhouse) | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Not for Development | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Other (Specify) | | |

| SECTION 5. TYPE OF WATER SUPPLY | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| Public (Municipal) System | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |
| Semi-Public (Community System) | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |
| Individual On-Site | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |

| SECTION 6. TYPE OF SEWER SUPPLY | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| Public (Municipal) System | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |
| Semi-Public (Community System) | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |
| Individual On-Site | <input type="checkbox"/> Existing | <input type="checkbox"/> Proposed |

| SECTION 7. PROPOSED IMPROVEMENTS | | |
|--|--|--|
| <input type="checkbox"/> Streets | <input type="checkbox"/> Stormwater System | <input type="checkbox"/> Other Utilities |
| <input type="checkbox"/> Water System | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Sanitary Sewer System | <input type="checkbox"/> Curbs | |

| SECTION 8. ATTACHMENTS AND ENCLOSURES | | |
|--|---|--|
| <input type="checkbox"/> Application for Subdivision Plan Approval | <input type="checkbox"/> Minor Subdivision Final Plan Checklist | <input type="checkbox"/> Deed Restrictions (If Any) |
| <input type="checkbox"/> Subdivision Plan (16 copies) | <input type="checkbox"/> Major Subdivision Preliminary Plan Checklist | <input type="checkbox"/> Improvements Agreement (If Any) |
| <input type="checkbox"/> Boundary Line Adjustment Checklist | <input type="checkbox"/> Major Subdivision Final Plan Checklist | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Review Fee Amount Check# | <input type="checkbox"/> Sketch Plan of Record | |

| SECTION 8. ATTACHMENTS AND ENCLOSURES | |
|--|--------------------------------------|
| Verify under penalty of law that this application and all related attachments were prepared by me or under my direction or supervision by qualified personnel to property gather and evaluate the information submitted. Based on my own knowledge and on inquiry of the person or persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate and complete. | |
| _____ | _____ |
| Print Name and Title of Applicant | Print Name and Title of Co-Applicant |
| _____ | _____ |
| Signature of Applicant | Signature of Co-Applicant |
| _____ | |
| Date Application Signed | |

SECTION 10. FOR TOWNSHIP USE ONLY

| | | | |
|---|--|--|-----------------------------|
| RECEIVED BY PLANNING COMMISSION: | | Date: | |
| Fee Paid: | | _____ | |
| | | Secretary Signature | |
| REVIEWED BY PLANNING COMMISSION: | | Date: | |
| PLANNING COMMISSION ACTION: | | | |
| <input type="checkbox"/> | Approved | Date: | |
| <input type="checkbox"/> | Approved Subject with Modifications: | Date: | List of Modifications: |
| | | | _____ |
| | | | _____ |
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| | | | _____ |
| <input type="checkbox"/> | Disapproved for the Following Reasons: | Date: | List Reason of Disapproval: |
| | | | _____ |
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| | | | _____ |
| ATTEST: | | | |
| _____ | | _____ | |
| Secretary Signature | | Chairman, Township Planning Commission | |
| Notes from Planning Commission for Board of Supervisors Review: | | | |
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| REVIEWED BY BOARD OF SUPERVISORS: | | Date: | |
| BOARD OF SUPERVISORS ACTION: | | | |
| <input type="checkbox"/> | Approved | Date: | |
| <input type="checkbox"/> | Approved Subject with Modifications: | Date: | List of Modifications: _____ _____ _____ _____ _____ _____ _____ |
| <input type="checkbox"/> | Disapproved for the Following Reasons: | Date: | List Reason of Disapproval: _____ _____ _____ _____ _____ _____ _____ _____ |
| ATTEST: | | | |
| _____ | | _____ | |
| Secretary Signature | | Chairman, Township Board of Supervisors | |
| Notes from Board of Supervisors Review: | | | |
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