

# 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:	
<b>Project Tracking Number:</b>	

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

#### 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)

**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:


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

<u>Plan Information:</u>	<u>Utility Information:</u>
Total Acreage: _____ Residual Acreage of Parent Tract: _____	(Check all that apply.)
Square footage of proposed building(s) and/or building addition(s): _____ SF	<input type="checkbox"/> Public/Community Water
Area of Earth Disturbance: _____ Acres <u>OR</u> _____ SF	Name: _____
Erosion & Sediment Control Plan: <input type="checkbox"/> Permit Issued <input type="checkbox"/> Submitted to BCCD <input type="checkbox"/> N/A	<input type="checkbox"/> Private On-site Water
NPDES Application: <input type="checkbox"/> Permit Issued <input type="checkbox"/> Submitted to BCCD <input type="checkbox"/> N/A	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
Ownership of Road: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both	<input type="checkbox"/> Public/Community Sanitary Sewer
Highway Occupancy Application: <input type="checkbox"/> Permit Issued <input type="checkbox"/> Submitted to PADOT <input type="checkbox"/> N/A	Name: _____
Is Site Situated in a Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private On-site Sanitary Sewer
Water Encroachment Application: <input type="checkbox"/> Permit Issued <input type="checkbox"/> Submitted to DEP <input type="checkbox"/> N/A	<input type="checkbox"/> Permitted <input type="checkbox"/> Proposed
Act 537 Sewer Planning Module: <input type="checkbox"/> Permit Issued <input type="checkbox"/> Submitted to SEO <input type="checkbox"/> 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: \_\_\_\_\_