



LOWER PROVIDENCE TOWNSHIP

100 Parklane Drive Eagleville, PA 19403
P: 610-539-8020 | F: 610-539-6347

APPLICATION FOR SUBDIVISION AND LAND DEVELOPMENT

Directions: Please complete all of the following sections below. All sections must be complete with the required information. If the required information is not provided, the application will not be processed. Please attach any addendums or supportive documents to this application. Twenty (20) complete sets of the site plans must be submitted to the Lower Providence Township Planning & Development Department not less than thirty (30) days prior to the scheduled planning commission meeting date. Please note that any false statement or misrepresentation of fact contained within this application is a criminal offense and subject to severe penalties of the PA Criminal Codes.

Please check one only:

- Sketch Plan Preliminary Plan Preliminary/Final Plan Final Plan DeMinimus Plan

Please check one only:

- Minor Subdivision Major Subdivision Land Development Minor Land Development

1. Applicant information:

Name:	Address:
Phone:	Fax:
E-Mail:	

2. Name of Subdivision or Development:

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3. Main Contact Person¹:

Name:	Address:
Phone:	Fax:
E-Mail:	

4. Agent or Attorney (if any):

Name:	Address:
Phone:	Fax:
E-Mail:	

5. Registered Engineer or Surveyor:

Name:	Address:
Phone:	Fax:
E-Mail:	

¹Contact person should be permitted to make decisions pertaining to processing of application

6. Owner of Record of Land:

Name:	Address:
Phone:	Fax:

7. Location of the property to be subdivided or developed _____

8. Tax Parcel Number of the parent parcel: _____

9. Parent Parcel ---Deed Book & Page # _____

10. Total Proposed No. of Lots or Dwelling Units: _____

11. Total area to be developed or subdivided:

Gross: _____ Acres to be disturbed: _____ Sq ft of building floor area: _____ (area calculated to center of street)	Net: _____ (area calculated to the legal right-of-way – net areas are to be used for density and land area requirements)
Project located within a stream or flood plain (if any): Yes ____ No ____ PADEP Permits required? Yes _____ No _____	

12. Density (dwelling units per acre): _____

13. Zoning classification of subject land: _____

14. Water Supply: Public system? ____ **whom is supplier** _____ **well?** ____

15. Sewage System: Public system? ____ **On-lot system?** ____ **EDU's required:** _____

16. Please attach to this application all encumbrances involving the property.

17. Lineal Feet of New Street to be dedicated to the township _____

18. Are waivers or modifications requested at this time from the Subdivision and Development of Land Ordinance? _____ If yes, please attach to this application all waivers or modifications requests.

19. Please attach copies of all zoning variances or special exceptions that apply to the property or use involved with this application.

By signing this application, authorization is granted to any municipal representative of Lower Providence Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify the location of any proposed use and/or structure contained within this application. Furthermore, I agree as the applicant(s) representing the property owner(s) for the submission of this subdivision or land development plan being duly sworn according to law states that the above Lower Providence Township Zoning, Subdivision and Development of Land Ordinance and Escrow Policy were read and the facts set forth in said application and supportive documents are true and correct to the best of my knowledge, information and belief.

DATE _____ SIGNATURE OF APPLICANT(S) _____

DATE _____ PRINT NAME OF APPLICANT(S) _____

DATE: _____ SIGNATURE OF PROPERTY OWNER(S) _____

The following is for Township Use Only:

Lower Providence Township Fee:	\$	Ck#	EDU Fee:	\$	Ck#
Per Lot Fee:	\$	Ck#	Escrow:	\$	Ck#
Montgomery County Fee:	\$	Ck#	Payment Type	Cash/Check	Deposit slip#

Outside Agency Review Distribution List:					
<input type="checkbox"/>	John Chamber, Chambers Assoc. Inc.	<input type="checkbox"/>	Tolson DeSa, MCPC	<input type="checkbox"/>	Staff only
<input type="checkbox"/>	Ron Smith, Suburban Lighting Consultants	<input type="checkbox"/>	Casey Moore, McMahon Associates, Inc.		

Date: _____ Cursory Review: _____

Michael D. Siegel
Director of Community Development