

Municipal Request for Review

This request must be submitted by the municipality to our office with the appropriate plans/information and fee.

Montgomery County Planning Commission
 P.O. Box 311, Norristown, PA 19404-0311
 Phone: 610-278-3722
 Business Hours: 8:30 A.M. to 4:15 P.M.
 www.montcopa.org/plancom



To Be Completed By Municipality

Date: _____

Municipality: _____

Official's Name: _____

Municipal Official's Signature: _____
(Only applications with original signature will be accepted)

Position: _____

MCPC File Number *(If Known)*: _____

Review Fee

Fee Attached \$ _____ Fee Under Separate Cover Fee Not Applicable

Meeting Dates

Municipal Planning Commission

Date: _____

Governing Body

Date: _____

No Meeting Scheduled

To Be Completed By Applicant

Development Name: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Representative: _____

Phone/Email *(During business hours)*: _____

Type of Review Requested: *(Check All Appropriate Boxes)*

- Unofficial Sketch Plan *(No Fee)*
- Subdivision Plan
- Land Development Plan
- Zoning Ordinance or Map Amendment *(No Fee)*
- Subdivision Amendment *(No Fee)*
- Curative Amendment *(No Fee)*
- Other: _____

Type of Plan:

- Tentative *(Sketch)*
- Preliminary
- Final

Type of Submission:

- New Proposal
- Revision to Prior Proposal
- Phase of Prior Proposal

Zoning:

- Existing District
- Proposed District
- Special Exception Granted Yes No
- Variance Granted Yes No For _____

Plan Information:

Tax Parcel Number _____

Block and Unit Number _____

Total Area _____

Land Use(s)	Number of New		Senior Housing		Open Space Acres	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

Proposed Utilities:

Type		Capacity	
Water	Sewer	Water	Sewer
<input type="checkbox"/> Public	<input type="checkbox"/> Public	Available	<input type="checkbox"/>
<input type="checkbox"/> On-Site	On-Site:	Not Available	<input type="checkbox"/>
<input type="checkbox"/> Package	<input type="checkbox"/> Centralized	Unknown	<input type="checkbox"/>
	<input type="checkbox"/> Individual		

Additional Information: _____
