

WEST PIKELAND TOWNSHIP
Subdivision/Land Development Application

For Township Use	
Date Pd _____	Received Date _____
Date Deemed Complete _____	

SUBMISSION REQUIREMENTS

- 17 sets of: () Completed and signed application form;
() Plans as required by the Subdivision and Land Development Ordinance; and
() Other related materials as appropriate
- 4 copies of the Stormwater Management Report (not necessary with sketch plans)
- Completed Chester County Planning Commission Act 247 Review Form and Fee
- 1 copy of the Plan to be submitted to the Chester County Health Department
- Six (6) completed and notarized copies of the application Sewage Facilities Planning Module and fee
- Completed Application and fee with required plans to be submitted to the Chester County Conservation District.
- Payment of fee (see Schedule of Fees).

Application deadline is 2 weeks prior to the regular meeting of the Planning Commission (usually the 2nd Monday of the month). Applicants will receive a notice confirming that their plans are on the upcoming Planning Commission agenda.

TYPE OF APPLICATION

- Check one:
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Lot Line Change | <input type="checkbox"/> Land Development |
| <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Final Plan |

APPLICANT INFORMATION

<u>Property Owner</u>		
Name:	_____	
Mailing Address:	_____	(No. Street)
	_____	(City, State, Zip)
Phone:	_____ (cell)	_____ (fax) _____

<u>Applicant (If other than owner)</u>		
Name:	_____	
Mailing Address:	_____	(No. Street)
	_____	(City, State, Zip)
Phone:	_____ (cell)	_____ (fax) _____

<u>Architect /Engineer/Land Surveyor</u>		
Name:	_____	
Mailing Address:	_____	(No. Street)
	_____	(City, State, Zip)
Phone:	_____ (cell)	_____ (fax) _____

Contact for Township correspondence for this plan:		
Name:	_____	
Mailing Address:	_____	(No. Street)

Phone: _____ (City, State, Zip)
_____ (cell) _____ (fax) _____

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TRACT DESCRIPTION

Location (Street Address) _____

Tax Parcel # _____ Current Zoning: _____

Total Parcel Acreage _____ Number of Existing Lots: _____

Proposed Number of Lots to be created: _____

Water Supply: On-site Other _____

Sewage: On-site Other _____

Zoning Action Necessary? No Yes Variance Special Exception
 Conditional Use Other

PROJECT INFORMATION

Submit a brief narrative summary of the project. The narrative must describe:

1. Current state of the property;
2. The proposed use of the site, and if appropriate, how it will differ from the existing use.
3. Number of lots to be consolidated or created and/or proposed development of the site; and any variances or
Waivers requested or previously granted for the plan:

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Plans and studies included with the submission (check all that apply):

- Site Plan Landscaping Lighting Conservation Grading and Utilities
 Stormwater Sedimentation and Erosion Control Traffic
 Other (specify): _____

Approvals from outside Agencies: (Attach all documents)

- | | | |
|--|-----------------------------------|--|
| <u>Pa. Dept. of Environmental Protection</u> | <input type="checkbox"/> Required | <input type="checkbox"/> Approved (Date) _____ |
| Date Submitted: _____ | | |
| <u>Pa. Dept. of Transportation</u> | <input type="checkbox"/> Required | <input type="checkbox"/> Approved (Date) _____ |
| Date Submitted: _____ | | |
| <u>Chester County Conservation District</u> | <input type="checkbox"/> Required | <input type="checkbox"/> Approved (Date) _____ |
| Date Submitted: _____ | | |
| <u>Chester County Health Department</u> | <input type="checkbox"/> Required | <input type="checkbox"/> Approved (Date) _____ |
| Date Submitted: _____ | | |
| Other _____ | <input type="checkbox"/> Required | <input type="checkbox"/> Approved (Date) _____ |
| Date Submitted: _____ | | |

CERTIFICATION

The plan review will include the Township Planning Commission, and if needed, additional review but not limited to: Zoning Hearing Board, Historic Architectural Review Board, and Historic Commission. All members of the reviewing bodies may visit the site while the application is before them.

Plans will be sent to the Township Engineer, and outside traffic consulting firms if needed to be reviewed for compliance with the Township's Subdivision and Land Development Ordinance. By signing this application, the applicant agrees to reimburse West Pikeland Township for the cost of those reviews.

Before the final approval plan is recorded, the Applicant shall post financial security through a letter of credit or escrow account in the amount sufficient to cover the costs of all improvements.

Applicant Name (printed)

Applicant Signature

Date

Check List for Preliminary/Final Plan

The following check list summarizes the information which must be shown in order for the Subdivision Plan to be reviewed by the Township Planning Commission and the Board of Supervisors. The check list must be completed by the Township Manager or his designee and the applicant at the time of submission, and if incomplete, the plan shall be returned to the applicant noting the deficiencies.

- 1. One copy of the Subdivision Application Form furnished by the Township and the required review fee made payable to "West Pikeland Township". _____
- 2. Seventeen (17) folded sets of the Preliminary/Final Subdivision Plan drawn by a registered Surveyor or registered Professional Engineer, clearly marked "Preliminary" or "Final". _____
- 3. Completed County Referral Form and the required fee for the Chester County Planning Commission made payable to "County of Chester". _____
- 4. Six (6) completed and notarized copies of the application Sewage Facilities Planning Module. ALL SOILS TESTS (TEST PIT SOIL PROFILES AND PERCOLATION TEST REPORTS) MUST BE COMPLETED PRIOR TO SUBMISSION. All fees relative to site investigation and percolation test Reports are paid directly to CCHD. Planning Module must have appropriate Fee attached made payable to "Chester County Health Department". _____
- 5. A completed "Application for Erosion and Sedimentation Control Plan and Appropriate permits, along with the appropriate fee, to be forwarded to the Chester County Conservation District for review and comments. _____

Date Submission Deemed Incomplete _____

Date Submission Deemed Complete _____

Signature of Township Manager/designee _____ (signature)
_____ (print name)

Signature of Application _____ (signature)
_____ (print name)