

# West Pikeland Township Subdivision Application Instructions

Name of Subdivision: \_\_\_\_\_  
 Land Owner: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

All Plans and requests must be submitted to the Township Secretary/Administrative Assistant at least fourteen (14) days prior to the next schedule meeting of the Township Planning Commission. Submissions must be complete prior to submission to the West Pikeland Township Planning Commission. Ninety (90) days are allowed under the Municipalities Planning Code for review of subdivision plans. Timing starts at the first meeting of the Township Planning Commission after a complete submission is made with all fees paid and the Planning Commission has formally accepted the plans via a vote of the members.

*Please Note: The Subdivision process may begin with an Informal Review of a Sketch Plan with the West Pikeland Township Planning Commission or with the formal process that requires Preliminary Plans and a series of other steps. The Planning Commission recommends you begin with the Informal Review. You may begin with either.*

*The informal review of a Sketch Plan does not produce an “approval”, as it is not considered an “official submission”.*

*All actions for subdivisions are governed by the West Pikeland Township Subdivision Ordinance, the West Pikeland Township Zoning Ordinance, and the West Pikeland Township Comprehensive Plan. You may review these documents at the Township offices during business hours or purchase a copy.*

*The Township Ordinances require submission eight (8) days prior to the Planning Commission meeting, but it is recommended you submit them at least twenty (21) days to allow forwarding to all review agencies. This will expedite your plan review. The Township Engineer’s review comments must be by the Township Planning Commission prior to their review.*

*The Commonwealth of Pennsylvania Municipalities Planning Code defines the planning agencies and procedures in the Commonwealth and a copy for office-hour reading is at the Township office or the Commonwealth web page.*

*You may call or email the Township office with questions at (610)827-7660 or [office@westpikeland.com](mailto:office@westpikeland.com)*

**Informal Sketch Plan Review.**

\_\_\_\_\_ Submit (15) fifteen copies of the Sketch Plan to the Township at least (14) days before the next Planning Commission meeting.

\_\_\_\_\_ Submit the appropriate fees

\_\_\_\_\_ Provide a Written authorization for members and ex-officio members of the Planning Commission and the Township Engineer to walk your property. Please note there may be several property walks performed under this Authorization and you will be notified of the time and dates in advance. A sample letter is provided.

**WEST PIKELAND TOWNSHIP: 1645 Art School Road, Chester Springs, PA.  
 19425 Phone: 610-590-5300 Fax: 610-228-3477 www.westpikeland.com**

\_\_\_\_\_ Should your development contemplate grading or excavating to change the contours of the land, you must consult with the Chester County Soil and Water Conservation District. The removal of Top Soil, trees and vegetation must also be reviewed with them.

You will be notified that your Sketch Plan will be reviewed by the Planning Commission on a certain date. The specific time of your agenda items cannot be determined in advance. We regret the inconvenience this may cause you and your representatives. Please be sure to attend the meeting.

Within (10) days following the completion of the Informal Review you and the Board of Supervisors will be notified of the issues relating to your plan in a letter mailed by the West Pikeland Township office.

### **Formal Plan Review:**

\_\_\_\_\_ Submit (17) fifteen copies of the Preliminary Plan to the Township at least fourteen (14) days prior to the next Township Planning Commission Meeting. As an option, you may submit copies of the Preliminary Plan on CD-ROM in AutoCAD format in addition to the required drawings.

\_\_\_\_\_ Submit the completed Application to the West Pikeland Township office with all required attachments. Incomplete submissions will be refused as the complete package begins the process.

\_\_\_\_\_ Submit the appropriate fees.

\_\_\_\_\_ Provide a Written authorization for members and ex-officio members of the Planning Commission and the Township Engineer to walk your property. Please note there may be several property walks performed under this Authorization and you will be notified of the time and dates in advance. A sample letter is provided.

\_\_\_\_\_ Should your development contemplate grading or excavating to change the contours of the land, you must consult with the Chester County Soil and Water Conservation District. The removal of Top Soil, trees and vegetation must also be reviewed with them.

The West Pikeland Township office will acknowledge the receipt of the complete package in writing and schedule your subdivision at the next meeting of the West Pikeland Township Planning Commission. You will be notified when your application has been scheduled. The Township regrets they will be unable to provide a specific time for your agenda item. Please be sure to attend the scheduled meeting. The Formal Review process begins with a Vote by the Planning Commission to accept the Complete Package.

The Township administrative staff will, once your complete package has been received, distribute copies to:

Planning Commission  
 Township Engineer  
 Chester County Health Department  
 PennDOT (If an exit to Commonwealth roads is planned)  
 Township Roadmaster  
 Chester County Conservation District  
 U. S. Army Corps of Engineers  
 Pennsylvania Department of Environmental Protection  
 Chester County Planning Commission

All Reviews must be received from the agencies above before the Township Planning Commission and the Board of Supervisors can unconditionally approve the Subdivision Plan. The Planning Commission, Township Engineer and the Board of Supervisors review all comments from the above organizations.

If the Township Planning Commission approves the Preliminary Plan it is forwarded to the Board of Supervisors for Approval at their next meeting. You must submit fifteen (17) copies of the Formal Plan eight (8) days prior to the Board of Supervisors meeting to the township office. You must post financial security or a bond with the Township.

The Board of Supervisors approves the Final Plan and signs the plan. You will receive written notice of approval and signed copies of the plans to be filed with the Chester County Planning Commission.

You have three months from the date of the Board of Supervisors approval to provide three (3) copies of the plan signed by the Chester County Planning Commission and proof of recording the Plan to the Township.

**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 2<sup>nd</sup> 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:  Subdivision  Lot Line Change  Land Development  
 Sketch Plan  Preliminary Plan  Final Plan

**APPLICANT INFORMATION**

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

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

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



**WEST PIKELAND TOWNSHIP**  
*Subdivision/Land Development Application*

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)

**WEST PIKELAND TOWNSHIP**  
*Escrow and Fee Fund Worksheet*

**TYPE OF APPLICATION**

Check one:

- Subdivision  
 Earthmoving  
 Sketch Plan

- Zoning Hearing  
 Land Development  
 Other \_\_\_\_\_

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**APPLICANT INFORMATION**

Property Owner

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (No.  
Street)  
State, \_\_\_\_\_ Zip, \_\_\_\_\_  
Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant (If other than owner)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (No.  
Street)  
State, \_\_\_\_\_ Zip, \_\_\_\_\_  
Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
Email: \_\_\_\_\_

Archtiect /Engineer/Land Surveyor

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (No.  
Street)  
State, \_\_\_\_\_ Zip, \_\_\_\_\_  
Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_  
Email: \_\_\_\_\_



Contact for Township correspondence for this Escrow:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (No. Street)

State, \_\_\_\_\_ Zip, \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email: \_\_\_\_\_

**WEST PIKELAND TOWNSHIP**

**1645 Art School Road, Chester Springs, Pa.**

**19425 Phone: 610-590-5300 Fax: 610-228-3477**

**Email: *office@westpikeland.com***

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**TRACT DESCRIPTION**

Location (Street Address)

\_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Check # \_\_\_\_\_ (Fee) Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ (Escrow) Date Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Escrow Manager Deposit W-9 Received

Date: \_\_\_\_\_