

100 Park Road PO Box 67
Nottingham, PA 19362-0067

Telephone (610) 932-4072
Facsimile (610) 932-6110

PRELIMINARY APPLICATION DATA SHEET for SUBDIVISION AND LAND DEVELOPMENT ORDINANCE

1. *Application Date* _____

2. *Property Owner(s)* _____

Address _____

Phone _____ Other Phone (fax, cell) _____

3. *Name of Applicant (if not Owner)* _____

Address _____

Phone _____ Other Phone (fax, cell) _____

4. *Name of Firm which Prepared the Plan* _____

Address _____

Phone _____ Other Phone (fax, cell) _____

Plan Sealed By: (circle one) Registered Engineer / Registered Surveyor / Registered Landscape Architect

Please proceed to Page 2 of the Application

[THIS SPACE INTENTIONALLY LEFT BLANK]

=====

Application fee paid: cash or check or money order Amount: \$ _____

For check or money order: number: _____ date: _____ account name: _____

Professional Services Escrow deposit paid: cash check or money order Amount: \$ _____

For check or money order: number: _____ date: _____ account name: _____

Distribution: Original: Codes Enforcement Officer
Copy: 1. Township Engineer 2. Secretary/Treasurer 3. Planning Commission Secretary

=====
sldplm06.doc/10 Mar06

PRELIMINARY APPLICATION DATA SHEET for SUBDIVISION AND LAND DEVELOPMENT ORDINANCE

5. *Subdivision or Land Development Descriptive Information*

Name of Development _____

Tax Parcel No. 68-_____ Plan No. _____ Plan Date _____

Location _____ Zoning District _____

Total Acreage _____ No. of Units _____ Average Size/Lot or Unit _____

Type of Water Supply _____ Type of Sewage Disposal _____

Proposed Use of Land _____

Acreage Proposed for Park and/or Public Use _____ Estimated Acreage of Adjoining Lands of Owner _____

Lineal Feet of New Streets _____ Are All Street Proposed for Dedication? _____

Instructions for Required Submissions:

- See Subdivision & Land Development Approval Process Information Sheet.
- See Checklist on page 3.

6. *Certification of Owner and/or Applicant*

I/we, the Owner(s) and or Applicant(s), certify that the information presented in this application and all supporting plans, specifications and other documentation is true and correct to the best of our ability.

I / we, the Owner(s) and/or Applicant(s), understand that the filing fee submitted to West Nottingham Township for this application will be used to pay administrative, engineering, and all other fees incurred by West Nottingham Township in processing the application. The applicant will be responsible for any reasonable expenses incurred in excess of the filing fee. Any monies remaining from the fee after all expenses are accounted for will be returned to the Owner and/or Applicant.

Name (*printed*)

Name (*printed*)

Name (*signature*)

Name (*signature*)

Date

Please proceed to Page 3 of the Application

[THIS SPACE INTENTIONALLY LEFT BLANK]

PRELIMINARY APPLICATION DATA SHEET for SUBDIVISION AND LAND DEVELOPMENT ORDINANCE

7. *Checklist of Submitted Items:*

A minimum of 4 plans sets and a minimum of 3 Sewage Facilities Modules, including all supporting plans & documents, must be submitted.

Plans and Materials Submitted (please list):		
<input type="checkbox"/>	Preliminary Plan	
<input type="checkbox"/>	Existing Features Plan	
<input type="checkbox"/>	Preliminary Utility Plans	
<input type="checkbox"/>	Stormwater Management Plan	
<input type="checkbox"/>	Erosion & Sedimentation Control Plan	
<input type="checkbox"/>	Sewage Facilities Planning Module	
<input type="checkbox"/>	Sketch Plan of Remaining Lands	
<input type="checkbox"/>	Street Name Approval from Postmaster	
<input type="checkbox"/>	Utility Easements & Restrictions	
<input type="checkbox"/>	Proposed Schedule	
<input type="checkbox"/>	Neighborhood Impact Study	
<input type="checkbox"/>	Traffic Impact Study	
<input type="checkbox"/>	Certificates & Approvals	
<input type="checkbox"/>	Other Documents (please list)	
Fee & Escrow Deposit		
<input type="checkbox"/>	Application Fee	
<input type="checkbox"/>	Professional Services Escrow Deposit	
Professional Services Escrow Agreement		
<input type="checkbox"/>	2 original executed Agreements	
Person or Entity Financially Responsible for Outstanding Bills & Escrow Account Replenishment		
<input type="checkbox"/>	Name of Person or Entity:	
<input type="checkbox"/>	Contact Name:	
<input type="checkbox"/>	Mailing Address:	
<input type="checkbox"/>	No. & Street Name	
<input type="checkbox"/>	City, State, Zip Code	
<input type="checkbox"/>	Physical Address:	
<input type="checkbox"/>	No. & Street Name	
<input type="checkbox"/>	City, State, Zip Code	
<input type="checkbox"/>	Telephone Number:	
<input type="checkbox"/>	Fax Number:	
<input type="checkbox"/>	Cell Phone Number:	
<input type="checkbox"/>	E-mail Address:	