

TOWNSHIP OF HEMPFIELD

Application for Major Subdivision Creating 5 Lots or More With Public Improvements

Name of Plan:		Twp. Plan No.:	
Location of Plan: (Use landmark coordinates, as well as local road names)			
Tax Map Reference Number: 50 - - - - Parcel(s)			
Landowner's Name:		Phone:	
Landowner's Address:			
Applicant's Name: (If different from landowner)		Phone:	
Applicant's Address:			
Applicant's Email:		Fax:	
Purpose and Brief Description of Plan:			
Engineer or Surveyor's Name		Phone:	
Engineer/Surveyor's Address:			
Engineer/surveyor's Email:		Fax:	
Zoning Classification:	Total Contiguous Acreage in Plan:	Total New Lots:	
Utilities Available: (Name Provider):	Water:	Gas	
Electric:	Sewage:	(Attach Letter from Sewage Authority)	
Content of Application:			
<input type="checkbox"/> Evidence of Ownership	<input type="checkbox"/> Filing Fee Payment	<i>10 Complete STAPLED sets of all paperwork and drawings (plus one mylar) must accompany the application.</i>	
<input type="checkbox"/> Evidence of Source of Water Supply	<input type="checkbox"/> Review Fee Payment		
<input type="checkbox"/> Planning Module	<input type="checkbox"/> Stormwater App.		
<input type="checkbox"/>	<input type="checkbox"/> Stormwater Payment		
Is Rezoning of the Property Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, has application be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a variance, conditional use or use by special exception been granted for this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date of approval:	
Are any modifications to the Township subdivision and land development regulations required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list:			
Application Filing Fee:	\$1,000 + (# of Lots _____ x \$50) = \$	Date Paid:	Check #
Application Review Fee:	\$4,500 (Plus Possible Additional Review Fees If Needed)	Date Paid:	Check #
I certify that all the above statements and the statements contained in the papers submitted herewith are true.			
Signature of Applicant:			Date:

All areas of this application must be complete.