

LOWER SWATARA TOWNSHIP

Subdivision and Land Development Application

Application Classification: *(check all that apply)*

- Sketch Plan Preliminary Plan Final Plan
 Minor Subdivision Major Subdivision Land Development

1. Plan Name: _____
Tax Parcel No(s): _____
Site Address: _____

2. Applicant/Equitable Owner

Name: _____
Address: _____
Phone No.: _____
Email: _____

3. Property Owner

Name: _____
Address: _____
Phone No.: _____
Email: _____

4. Attorney

Name: _____
Address: _____
Phone No.: _____
Email: _____

5. Surveyor

Name: _____
Address: _____
Phone No.: _____
Email: _____

6. Engineer

Name: _____
Address: _____
Phone No.: _____
Email: _____

7. Proposed Land Use: _____
Total Area/Acreage: _____ No. of Lots: _____ No. of Proposed Lots/Units: _____
Zoning District: _____ Overall Density: _____

8. Project Narrative: _____

9. Proposed Water Source: Public Private Water Company: _____
Proposed Sewer System: Public Private
Has a DEP Sewage Module been submitted to the Township for processing? Yes No

10. Improvements required: None Full Street Partial Street Sidewalks
 Curbing Sanitary Sewer Storm Sewer Water Lines
 Other _____

11. Are there any Alteration of Requirements: Yes No
If so, please complete the *Application for Alteration of Requirement Form and return it along with this application. *See attachment.

12. Have any variances been granted by the Zoning Hearing Board pertaining to this development? ___
If yes, attach a copy of the decision.

13. Outside Agency Approvals Required: _____

Note: Plans must be officially submitted to the Township fourteen calendar days prior to meeting in which plan will be presented. Failure to submit complete and truthful data may result in refusal to process applications for plan approval.

Applicant's Certification: As the owner or authorized agent of the project for which this application is filed, I certify that the description, documents and all other information provided as part of this application is correct.

Property Owner:
(typed or printed) _____

Authorized Agent:
(typed or printed) _____

Signature: _____

Signature: _____

Date: _____

Date: _____

OFFICIAL USE ONLY:

Filing fee:	Preliminary: _____	Amount: _____	Date Paid: _____
	Final: _____	Amount: _____	Date Paid: _____
	Minor: _____	Amount: _____	Date Paid: _____
	Recreation: _____	Amount: _____	Date Paid: _____
	SWM: _____	Amount: _____	Date Paid: _____
DEP Planning Module:	_____	Amount: _____	Date Paid: _____

Filing Date: _____ 90 days begin: _____ 90 days end: _____

Planning Commission Recommendation: Approve Disapprove Date: _____

Lower Swatara Twp. Commissioners Decision: Approve Disapprove Date: _____

First Public Meeting date: _____ 90 day expiration: _____

Recording date: _____

LOWER SWATARA TOWNSHIP

**Application for Alteration of Requirements*

The undersigned hereby applies for approval of an alteration, submitted herewith and described below:

1. Name of Project: _____
2. Project Location: _____
3. Name of Property Owner(s): _____
4. Name of Applicant: _____
5. Specify Section(s) of the Lower Swatara Township Subdivision and Land Development Ordinance for which an alteration is requested: _____

6. The proposed alternative to the requirement: _____

7. Justification for the alteration: _____

8. Identification of Plans, Reports, Supplementary Data, which are part of the application: _____

The undersigned hereby represents that, to the best of his knowledge and belief, all information listed about is true, correct, and complete.

Date: _____ Signature: _____

(For Township Use Only)

Plan no.: _____

Date of Receipt/Filing: _____