

APPENDIX A
BUSHKILL TOWNSHIP
APPLICATION FORM FOR
SUBDIVISION OR LAND DEVELOPMENT

FOR OFFICE USE ONLY
FILE NUMBER

____ New Submission ____ Resubmission

Date of Application _____ (to be filled in by Township Staff)

Check All of the Following that Apply:

____ Sketch Plan Review
____ Preliminary Plan Name of Development _____
____ Final Plan
____ Minor Subdivision Location _____
____ Resubdivision
____ Lot Line Adjustment
____ Site Plan

Land Owner's Name _____ Telephone # _____

Address _____

Applicant's Name _____ Telephone # _____

Address _____

Plan Preparer's Name _____ Telephone # _____

Address _____

Total Acreage _____ Number of Lots _____

Water Supply: On lot well: _____ Public: _____ Other: _____

Sewage System: Private (on lot): _____ Public: _____ Other: _____

Submit 3 copies of this form to the Township Staff. A copy will be receipted and returned to you.

Previous Subdivision or Construction on this Tract within the Past 5 Years:

BUSHKILL TOWNSHIP
SUBDIVISION/ LAND DEVELOPMENT APPLICATION - Page 2

Any Relevant Zoning Variances/ Special Exception Approvals on this Tract (and ~~dates~~):

Application Fees Paid: 1. Check to Bushkill Township _____
2. Check sent to Joint Planning Commission _____

I HEREBY ACKNOWLEDGE AND REQUEST REVIEW OF THIS APPLICATION

Applicant's Signature _____

I HEREBY AUTHORIZE THE PLANNING COMMISSIONERS, BOARD OF SUPERVISORS MEMBERS, TOWNSHIP ENGINEER, CODE ENFORCEMENT STAFF AND ANY TOWNSHIP WETLANDS CONSULTANT TO ENTER THE EXTERIOR PREMISES OF THIS PROPERTY, BETWEEN 9 A.M. AND 8 P.M. AT THEIR OWN RISK, WHILE THIS PLAN IS BEING CONSIDERED FOR APPROVAL, AS NEEDED TO DETERMINE COMPLIANCE WITH TOWNSHIP ORDINANCES (Optional)

Applicant/ Land Owner's Signature _____

(Lower Half of Page For Township Use Only)

Initial Review Received From Township Engineer: _____ (check off)
Reviewed by Zoning Officer: _____ (write in date)
Reviewed by Sewage Enforcement Officer: _____ (write in date or "NA")

Joint Planning Commission Review: Date Delivered - _____
Date Review from - _____

Final Action by Township Planning Commission: Date: _____

Action Taken: _____

Final Action by Board of Supervisors: Date: _____

Action Taken: _____

Date Applicant Notified of Board of Supervisors Final Action: _____

Township Staff Initial Review Comments: _____