

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY
DEPARTMENT OF LICENSES AND INSPECTIONS
SUBDIVISION & LAND DEVELOPMENT REVIEW PERMIT
APPLICATION**

Development Name: _____

Sight Location: _____

Legal Property Owner's Name: _____

Address: _____ Phone: _____

CONTACT PERSON*(This is to Whom all correspondence will be sent)

Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

Interest of applicant is: () Owner () Equitable Owner () Other – explain _____

Zoning Information:

District: _____

Tax Folio # 35-00-0 _____ - _____ ; Tax Map # 35- _____ - _____

Permitted Density: _____ Total Area: _____

Type of Review Requested:

____ Subdivision Plan ____ Land Development ____ Amendment

Type of Plan:

____ Sketch ____ Preliminary ____ Final

Type of Submission:

____ New Proposal ____ Revised Prior Submission

Statement of Intent:

Land use proposed # of lots/units intended use(s):

- Residential _____
- Commercial _____
- Industrial _____
- Office _____
- Other _____

Please complete the following items which are applicable to your project:

Attorney's Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

Engineers Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

I certify that the plans submitted comply with the requirements of Article V of the Upper Providence Township Subdivision and Land Development Ordinance except as noted below (also state the reason why the subdivision does not comply with the noted exception):

Noted exception:

Plan submitted by: _____

Applicant's signature: _____

-----**FOR OFFICE USE ONLY**-----

Date Received: _____ Fee: _____ Escrow: _____ Rec'd by: _____

Check #: _____ Check#: _____ Rec'd From: _____
Completed W-9 Attached _____ (This is required for all escrow accounts)

Plans accepted by: _____ Date plans accepted: _____