

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

Development Name: \_\_\_\_\_

Site 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: \_\_\_\_\_