

APPLICATION FOR REVIEW OF A PRELIMINARY PLAN
Uwchlan Township, Chester County, Pennsylvania

The undersigned hereby applies for Review by the Planning Commission of the Preliminary plan submitted herewith and described below:

Name of subdivision: _____ **Plan Dated:** _____

County Deed Book No. _____ **Page No. :** _____

Name of property owner(s): _____
(if corporation, list corporation's name and address and two officers of corporation)

Address: _____

Phone No. _____

Name of applicant: (if other than owner)

Address: _____

Phone No. _____

Applicant's interest if other than owner: _____

Engineer, Architect, Surveyor, or Landscape Architect responsible for plan:

Address: _____

Phone No. _____

Total acreage: _____ **Number of Lots:** _____

Acreage of adjoining land in same ownership (if any): _____

Type of development planned:

Single family _____

Two-Family _____

Multi-Family _____

Commercial _____

Industrial _____

Other (Specify) _____

Will construction of buildings be undertaken immediately? Yes _____ **No** _____

By Whom? Subdivider _____

Other Developer _____

Purchasers of Lots _____

Type of Water Supply Proposed? Public (Municipal System) _____

Individual On-site _____

Type of Sanitary Sewage Disposal Proposed? Public Municipal System _____

Live _____

Capped _____

Individual On-Site _____

Are Streets Proposed for Dedication? Yes _____ No _____

Acreage for Proposed park or other public or semi-public use: _____

Present Zoning and Zoning Changes, if any to be requested: _____

Have appropriate Public Utilities been consulted? Yes _____ No _____

List all subdivision standards and requirements which have not been met and for which waiver or change is being requested: _____

Materials Accompanying this Application:

No. of Hard Copies of Plans _____

Electronic Copy of Plans _____

Copy of Deed _____

Application Fee _____

The undersigned represents that to the best of their knowledge and belief, all the above statements are true, correct and complete.

Signature of Owner or Applicant _____

By: _____

Date: _____

TO BE FILLED IN BY PLANNING COMMISSION / TOWNSHIP STAFF

Date application was received: _____

Amount of fee paid: _____

Date reviewed by Planning Commission: _____

Referrals and Dates:

County Planning Commission _____
Municipal Engineer PADEP _____
Municipal Zoning Officer _____
Others _____

Reports received:

County Planning Commission _____
Municipal Engineer _____
Municipal Traffic Engineer _____
Municipal Sewer Engineer _____
Municipal Lighting Consultant _____
Fire Department _____
Police Department _____
Environmental Advisory Council _____
Historic Commission _____
PADEP _____
Municipal Zoning Officer _____
Others _____

Planning Commission Action

Approved (date): _____

Approved subject to the following modifications: _____

Disapproved for the following reasons: (date) _____

Chairman _____

Attest: (Secretary) _____