

MERCER COUNTY
SPRINGFIELD

==== **TOWNSHIP, EST 1805** ====

406 Old Ash Rd., Mercer, PA 16137

Ph. 724-748-4999 Fax 724-748-3859

FINAL SUBDIVISION or LAND DEVELOPMENT APPLICATION

Type of Application

Subdivision _____

Land Development _____

Name of Plan _____

Location of Plan _____

Project Description _____

(attach additional narrative if needed) _____

County Assessor's Tax Map Parcel Number _____

Landowner's Name _____

Landowner's Address _____

Landowner's Telephone/Fax Number _____

Applicant's Name _____

(If different from landowner)

Applicant's Address _____

Applicant's Telephone/Fax Number _____

Applicant's email address _____

Engineer/Surveyor's Name _____

Engineer/Surveyor's Address _____

Engineer/Surveyor's Telephone Number _____

Zoning Classification _____

Total Contiguous Acreage _____ Average Lot Frontage _____ feet

Number of New Lots Involved _____

Applicant/Landowner Consents to Site Inspection? ____ Yes ____ No

Has a variance been granted for this property? ____ Yes ____ No

If Yes, give date of approval and name granted under. _____

Has there been a previous application for this Subdivision/Land Development submitted by this applicant for this property? ____ Yes ____ No

If Yes, give date of approval and name granted under. _____

Are any modifications or waivers to the Township subdivision and land development ordinance requested? ____ Yes ____ No (If yes, attach request form)

If different than Applicant, has property owner authorized submittal of this application?
____ Yes (Attach proof of authorization to this application, signed by property owner and notarized.)

Verification & Acknowledgement

I, _____, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief, and I acknowledge that the applicant shall be responsible for payment of all review fees charged to the township for this application.

Signature of Applicant/Agent

Date

TOWNSHIP OFFICE USE ONLY

Date Application Submitted to Township Office: _____

Date of next scheduled Planning Commission meeting: _____

Application fee paid? ____ Yes ____ No

Date application fee paid _____ Check # _____

Application Number: _____