

MERCER COUNTY  
**SPRINGFIELD**

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

406 Old Ash Road, Mercer PA 16156  
Phone: 724-748-4999 FAX: 748-4439  
pwimer@springfield-mercer.org

**PRELIMINARY 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

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### 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: \_\_\_\_\_