

# APPLICATION FOR PERMIT FOR SUBDIVISION/LAND DEVELOPMENT

(Also applicable to other permit requests at Z.O. discretion)

## PORTER TOWNSHIP, CLINTON COUNTY, PA

Date: \_\_\_\_\_

Check One:  Preliminary Plan  Preliminary/Final Plan  Final Plan

Name of Subdivision \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

### AUTHORIZED AGENTS FOR APPLICANT(S):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Location of Subdivision \_\_\_\_\_

Tax Map Parcel No. \_\_\_\_\_ AREA: \_\_\_\_\_  
(Entire Tract) (Portion Subdivided) (No. of Lots)

Present Zoning \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Community \_\_\_\_\_ On-Lot \_\_\_\_\_

Sewage Disposal: Public \_\_\_\_\_ Community \_\_\_\_\_ On-Lot \_\_\_\_\_

Deed Restrictions, present and contemplated (attach copy) \_\_\_\_\_ Yes \_\_\_\_\_ None

List of Proposed Improvements and Utilities and Intentions to install or post performance guarantee prior to final approval:

### Improvement

### Intention

Attach additional sheet listing any additional Improvements and Intentions if needed

Subdivision drawings prepared by \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date on drawing \_\_\_\_\_ Date of Latest Revision \_\_\_\_\_

### CHECK LIST OF PAPERS REQUIRED (line thru if not required):

\_\_\_\_ 3 Copies of Application for Review of Subdivision Plans

\_\_\_\_ 7 prints of subdivision plans

\_\_\_\_ 3 prints of street cross-section and profiles

\_\_\_\_ 1 copy of "Planning Module for Land Development"

\_\_\_\_ 3 copies of soil log and percolation test data (for on-site sewage disposal systems)

\_\_\_\_ 2 copies of Storm Water Management Plan

\_\_\_\_ 2 copies of Water Supply Data

\_\_\_\_ 2 copies of Utility Supply Data

\_\_\_\_ 2 copies of PennDOT Review

\_\_\_\_ 2 copies of other documents such as deeds of easements, dedications; corporate bonds, securities, maintenance guarantees, private right-of-way agreement(s) improvement surety, other (specify) \_\_\_\_\_

\_\_\_\_ 2 copies of Soil Erosion and Sedimentation Plan

Fee \$ \_\_\_\_\_ (payable to "Porter Twp.") Date Paid \_\_\_\_\_ Received by \_\_\_\_\_

I/We certify that the above information is correct and further agree to reimburse Porter Township for the cost of engineering services, test core samples and other site inspections stipulated in the Porter Township Subdivision and Land Development Ordinance, or as may be required by the Porter Township Supervisors.

Signature \_\_\_\_\_ Title \_\_\_\_\_

### PORTER TOWNSHIP PLANNING COMMISSION

Date Plan Received \_\_\_\_\_

Plan is  APPROVED  DISAPPROVED

Date \_\_\_\_\_

Remarks: