

Township of Upper Providence Application for Subdivision or Land Development Review

Township of Upper Providence

1286 Black Rock Road
Phoenixville PA 19460
Phone: 610-933-9179; Fax: 610-983-0355

APPLICATION SUBMISSION DATE: _____

PLAN NUMBER: _____

Owner: _____

Proposal Name: _____

Owner Address: _____

Proposal Location/Address: _____

City/State/Zip: _____

Tax Parcel Number(s): _____

Owner phone/email: _____

Block /Unit: _____

Applicant (if different than owner): _____

Current Zoning: _____

Applicant Address: _____

Nearest Cross Street: _____

City/State/Zip: _____

Property Acreage/Tract Area: _____

Applicant Phone: _____

Proposed Number of Units (residential): _____

Applicant Email: _____

Proposed Square Feet (commercial/office/industrial): _____

Applicant Representatives:

Type of Review Requested:

Attorney: _____

___ Subdivision Plan (___ Minor Subdivision)

Contact Information (phone/email): _____

___ Tentative; ___ Preliminary; ___ Final

Civil Engineer: _____

___ Land Development Plan

Contact Information (phone/email): _____

___ Tentative; ___ Preliminary; ___ Final

Traffic Engineer: _____

___ Conditional Use

Contact Information (phone/email): _____

___ Zoning Ordinance Amendment

Other: _____

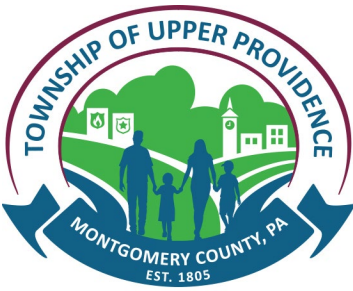
___ Zoning Map Amendment

Contact Information (phone/email): _____

___ Subdivision/Land Development Ord. Amendment

___ Curative Amendment

___ Other Review Request (explain below): _____



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Plans to be submitted with the application:

- _____ Plans [five (5) paper copies are required] (dated: _____)
- _____ Electronic version of all plan and documentation submitted with application (via CD, thumb drive, etc.)
- _____ Dropbox or other electronic file transfers to be sent to ggrace@uprov-montco.org
- _____ Other Documents [five (5) copies required]
- _____ List additional documents by title (attach a separate sheet if necessary): _____

Per the requirements of Act 247, Upper Providence Township will submit the digital application packet to Montgomery County Planning Commission (MCPC). Fees for that review are set by MCPC and will be billed directly to the applicant by MCPC.

I/We filed with Upper Providence Township a (describe plan) _____ which is subject to the time limitations for review set forth in the Municipalities Planning Code. I/We voluntarily waive the time limits for review of our filing. Such waiver is granted to allow for adjustments or revisions to our filing as may be required during the review process. I/We may revoke this waiver at any time. If I/We do revoke this waiver, then the Township's time limit for review that is set forth in the Municipalities Planning Code shall begin to run on the day that I hand deliver the signed revocation to the Township during regular business hours, regardless of the number of days that elapsed between the date of the original filing and the date of the revocation.

Applicant's Signature:

No application shall be accepted for processing unless properly signed in the appropriate space:

- Signed: _____ Owner of Record
- Signed: _____ Equitable Owner
- Signed: _____ Authorized Agent (for: ___ Owner; ___ Equitable Owner)

To be completed by the Township:

Application Fee: \$ _____ (___ Paid) Escrow Fee: \$ _____ (___ Paid)

Received By: _____

Per the Pennsylvania Municipalities Planning Code, States Act § 247 of 1969 this plan is accepted as complete on the following date: _____ 90-Day Clock expiration: _____

Signed: _____ :Township Zoning Officer/Director of Planning