

Township of Upper Providence

Application for Subdivision or Land Development Review

Township of Upper Providence

1286 Black Rock Road P.O. Box 406
Oaks, PA 19456

Phone: 610-933-9179; Fax: 610-983-0355

APPLICATION SUBMISSION DATE: _____

PLAN NUMBER: _____

Owner: _____

Owner Address: _____

City/State/Zip: _____

Owner phone/email: _____

Applicant (if different than owner): _____

Applicant Address: _____

City/State/Zip: _____

Applicant Phone: _____

Applicant Email: _____

Proposal Name: _____

Proposal Location/Address: _____

Tax Parcel Number(s): _____

Block /Unit: _____

Current Zoning: _____

Nearest Cross Street: _____

Property Acreage/Tract Area: _____

Proposed Number of Units (residential): _____

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

Applicant Representatives:

Attorney: _____

Contact Information (phone/email): _____

Civil Engineer: _____

Contact Information (phone/email): _____

Traffic Engineer: _____

Contact Information (phone/email): _____

Other: _____

Contact Information (phone/email): _____

Type of Review Requested:

_____ Subdivision Plan (_____ Minor Subdivision)

_____ Tentative; _____ Preliminary; _____ Final

_____ Land Development Plan

_____ Tentative; _____ Preliminary; _____ Final

_____ Conditional Use

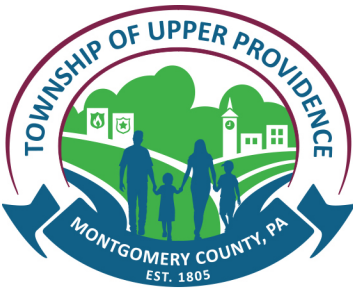
_____ Zoning Ordinance Amendment

_____ Zoning Map Amendment

_____ 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):

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