



# 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: Filled in by Township

PLAN NUMBER: Filled in by Township

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): \_\_\_\_\_

