West Vincent Township
729 St. Matthews Road
Chester Springs, PA 19425-3301
610-458-1601 610-458-1603
www.westvincenttwp.org

SUBDIVISION and/or LAND DEVELOPMENT APPLICATION

MUST PURCHASE GREENWAY LANDS STEWARDSHIP GUIDE ($55.00) IF ANY OPEN SPACE IS PLANNED

PLAN TITLE_____ **PLAN DATE** _____

_____ Land Development
_____ Subdivision

_____ Minor (3 lots/units or less)
_____ Major (4 or more lots/units)
_____ Lot-Line Change

_____ Sketch
_____ Preliminary
_____ Final

PROPERTY OWNER

Name _____

Address _____

_____

Phone No._____

Fax No._____

APPLICANT (if other than owner) *

Name _____

Address _____

_____

Phone No. _____

Fax No. _____

Applicant's Interest_____

TRACT DESCRIPTION

Location (Street Address)_____

Tax Parcel No. (s)_____ **Current Zoning** _____

Total Tract Acreage_____ **Acreage In This Proposal** _____

Zoning Action Necessary? _____ **No** _____ **Yes**: _____ **Amendment** _____ **Special Exception**
_____ **Conditional Use** _____ **Variance**

To the best of your knowledge, has any subdivision or land development plan been previously submitted for this tract?

_____ **No** _____ **Yes** **If Yes:**_____
Date *Name*

PROPOSAL DESCRIPTION

Engineer/Land Surveyor_____

Number of Lots/Units_____ **Number of Phases** _____

TYPE OF DEVELOPMENT

_____ **Single Family** _____ **Multiple Family** _____ **Industrial**
_____ **Two Family** _____ **Commercial** _____ **Other**_____

IMPROVEMENTS DESCRIPTION

Length of New Roads_____ **Public** **Length of Curbs** _____
_____ **Private** **Length of Sidewalks**_____

Type of Sewage Treatment? _____ **On Lot** _____ **Community** _____ **Public**
_____ **Subsurface** _____ **Spray** _____ **Elevated**
_____ **Other**_____
Type of Water Supply? _____ **On Lot** _____ **Community** _____ **Public**

ACCOMPANYING MATERIALS

APPLICATION

_____ Application Form
_____ Proof of Ownership
_____ Proof of Adjacent Property Owner Notification
_____ Review Fees (Amount) $_____ Township
$_____ Health Dept. (Rec. By:_____)
$_____ County Planning Commission
_____ County Referral Form
_____ Type of Planning Module Proposed: ____ Form B Waiver ____ Component 1 ___ Component 2 ___ Component 3

PLANS/STUDIES

_____ 14 Copies of Plans
_____ Site Analysis Plan
_____ Five-Step Design Process (Residential Subdivision)
_____ Sewer and Water Feasibility Report
_____ Hydrogeology and Groundwater Study
_____ Stormwater Management Plan
_____ Traffic Impact Study (Section 403I.5.)
_____ Fiscal Impact Analysis (Section 403I.6.)
_____ 12 Copies of the 11" x 17" Plans
_____ Resource Conservation Plan
_____ Greenway (Open Space) Ownership Management
_____ Sewage Facilities Planning Module (or Form B)
_____ Erosion and Sedimentation Control Plan
_____ Improvements Construction Plan
_____ Road Profiles

PLANS/STUDIES

_____ Escrow Agreement
_____ Homeowners Association Documents
_____ Development Agreement
_____ Declaration of Covenants, Restrictions, Easements
_____ Other_____

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The undersigned represents that: (1) to the best of his/her knowledge and belief all of the above statements are true, correct, and complete; (2) he/she agrees to pay the processing and engineering fees reflected on the attached Subdivision/Land Development Fee Schedule (dated 01/3/06); and (3) he/she is aware that failure to pay the above mentioned fees may result in assessment of late fees, delays, and/or denial of approval or issuance of building permits.

Signature of Landowner_____ Date: _____

Signature of Applicant _____ Date: _____
If Other Than Landowner