

# ABBOTTSTOWN BOROUGH SUBDIVISION/LAND DEVELOPMENT APPLICATION

APPLICATION TYPE: (CHECK ALL THAT APPLY)

- REQUEST TO MEET WITH PLANNING COMMISSION  
(NO PLAN REQUIRED-MUST SCHEDULE 7 DAYS PRIOR TO MEETING)
- SKETCH PLAN INFORMAL PLANNING COMMISSION REVIEW  
(SKETCH PLAN REQUIRED, MUST SCHEDULE 7 DAYS PRIOR TO MEETING)

- PRELIMINARY PLAN       FINAL PLAN       PRELIMINARY/FINAL PLAN  
(FIVE (5) SETS OF PLANS REQUIRED FOR REFERRALS. MUST BE RECEIVED 2 WEEKS PRIOR TO REGULARLY SCHEDULED PLANNING MEETING) Date of Preliminary Plan Approval:

- SUBDIVISION     LAND DEVELOPMENT     RESIDENTIAL     COMMERCIAL/INDUSTRIAL

**APPLICANT:**

NAME:  
ADDRESS:

PHONE:

**SURVEYOR/ENGINEER:**

NAME:  
ADDRESS:

PHONE:

**PROPERTY OWNER:**

NAME:  
ADDRESS:

PHONE:

**ATTORNEY:**

NAME:  
ADDRESS:

PHONE:

**PROPERTY DESCRIPTION:**

SUBDIVISION NAME:  
PHASE(S):  
LOT(S):  
TAX MAP PARCEL#:  
GENERAL LOCATION:  
ZONING DISTRICT:  
TOTAL SIZE OF TRACT:                      # OF EXISTING LOTS                      # OF PROPOSED LOTS  
IDENTIFY ANY ADDITIONAL INFORMATION THAT WILL ASSIST THE BOROUGH IN EVALUATING THIS PLAN:

**VARIANCE/** **SPECIAL EXCEPTION REQUESTS STATUS**

SECTION(S)                      OF  ZONING  SALDO ORDINANCE#  
STATUS:  HEARING REQUESTED DATE                       REQUEST GRANTED DATE  
 REQUEST DENIED DATE

BY CHECKING THIS BOX AND SIGNING BELOW, APPLICANT AGREES TO A WAIVER OF THE SIXTY (60) DAY TIME LIMIT FOR PLANNING COMMISSION RECOMMENDATION AND THE NINETY (90) DAY TIME LIMIT FOR BOROUGH COUNCIL TO RENDER A DECISION.

I/WE CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

APPLICANT/PROPERTYOWNER \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT OR HIS/HER REPRESENTATIVE MUST BE PRESENT AT PUBLIC MEETINGS TO DISCUSS APPLICATION AND PLANS. PLANNING COMMISSION MEETS THE 2<sup>ND</sup> TUESDAY OF EVERY MONTH.

Submit this application, site plan checklist and completed Adams County Plan Review form with 5 sets of plans to the Borough office with the appropriate fees. Abbottstown Borough will refer all plans to the appropriate agencies for review.

| <b>Office Use Only</b>   |                                      |
|--|--------------------------------------|
| <b>APPLICATION NO.</b> _____                                     | <b>DATE SUBMITTED</b> _____          |
| <b>Residential Administrative fee paid</b> _____                 | (\$50.00 per lot) <b>Date</b> _____  |
| <b>Comm/Ind Administrative fee paid</b> _____                    | (\$100.00 per lot) <b>Date</b> _____ |
| <b>Residential Professional fees deposit paid</b> _____          | (\$350.00+\$50.00 per lot)           |
| <b>Date</b> _____  |                                      |
| <b>Comm/Ind Professional fees deposit paid</b> _____             | (\$1000.00 per lot)                  |
| <b>Date</b> _____  |                                      |
| <b>Date of Planning Commission Approval Recommendation</b> _____ |                                      |
| <b>Date of Borough Council Approval</b> _____                    |                                      |
| <b>Adams County Final Subdivision Plan filing fee paid</b> _____ | <b>Date filed</b> _____              |