

Return to: Union County Planning Commission
 1610 Industrial Blvd, Suite 100
 Lewisburg, PA 17837
 Phone 570 522-1370
 Fax 570 522-1389

Act 247 County Referral

SUBJECT: Request for review of a Subdivision or Land Development Proposal pursuant to the Pennsylvania Municipalities Planning Code, Act 247. This Application must be completed by the Applicant, and submitted to the above address, along with one (1) set of plans and accompanying documents.

TO BE COMPLETED BY STAFF

DATE OF SUBMISSION: _____
 TOWNSHIP NAME: _____
 # OF PLANS SUBMITTED: _____

TO BE COMPLETED BY APPLICANT

Development Name (if applicable): _____ Location: _____
 Owner's Name: _____ Phone #: _____
 Owner's Address: _____
 Applicant's Name: _____ Phone #: _____
 Applicant's Address: _____
 Architect/Engineer/Surveyor Name: _____ Phone #: _____

<p>TYPE OF REVIEW REQUESTED</p> <p><input type="checkbox"/> Unofficial Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final</p>	<p>TYPE OF PLAN</p> <p><input type="checkbox"/> Minor Subdivision— 5 lots or less <input type="checkbox"/> Major Subdivision <input type="checkbox"/> Add-on Subdivision <input type="checkbox"/> Land Development</p>	<p>Tax Parcel(s): # _____ # _____ # _____ Zoning District: _____</p>									
<p>PLAN INFORMATION</p> <p>Total Area (gross acres): _____ Acreage of Residual: _____ Ownership of Roads: <input type="checkbox"/> Public <input type="checkbox"/> Private Located in Floodway or Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No Erosion/Sedimentation Control Plan: <input type="checkbox"/> Submitted <input type="checkbox"/> Not applicable</p>	<p>PROPOSED LAND USE / # OF LOTS</p> <p><input type="checkbox"/> Agriculture _____ <input type="checkbox"/> Single Family _____ <input type="checkbox"/> Townhouses _____ <input type="checkbox"/> Twin Units _____ <input type="checkbox"/> Apartments _____ <input type="checkbox"/> Mobile Homes _____ <input type="checkbox"/> Commercial _____ <input type="checkbox"/> Industrial _____ <input type="checkbox"/> Institutional _____ <input type="checkbox"/> Other _____</p>	<p>PROPOSED UTILITIES (check appropriate boxes)</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><i>Water</i></td> <td style="text-align: center;"><i>Sewer</i></td> </tr> <tr> <td>Public/Community</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>On-site</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>No new sewage disposal or water supply proposed <input type="checkbox"/></p>		<i>Water</i>	<i>Sewer</i>	Public/Community	<input type="checkbox"/>	<input type="checkbox"/>	On-site	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Water</i>	<i>Sewer</i>									
Public/Community	<input type="checkbox"/>	<input type="checkbox"/>									
On-site	<input type="checkbox"/>	<input type="checkbox"/>									

I, or we, acknowledge that all the information provided in this Application and in the Plan and documents are true and factual. I, or we, understand that false statements herein are made subject to the penalties of 18 PA. CS—Section 4904, relating to unsworn falsification to authorities, and I or we, shall comply with all ordinances of Union County as they apply.

Signature: _____ Date: _____

TIME LIMITATIONS: The County Planning Commission has thirty (30) days within which to review subdivision and land development applications and submit review comments under the Union County Subdivision and Land Development Ordinance. The review period may be extended if requested by the applicant. When the time period has been stopped due to an incomplete application package, incorrect fee or other reasons, the time period will continue from the day in which the application package is complete. No plans shall be accepted without a completed application.

STAFF USE ONLY

Date Received by UCPC: _____

Review Completed By: _____

Date of Review: _____

Plan Number: _____