

FORM 2
APPLICATION FOR REVIEW OF PRELIMINARY PLAN

Application is hereby made for review of the Preliminary Plan submitted herewith and more particularly described below:

1. Name of Subdivision: _____
Plan Dated: _____
2. Source of Title: _____
County Deed Book No.: _____ Page No. _____
3. Name of Applicant(s): _____
Address: _____ Phone No.: _____
4. Name of Property Owner(s): _____
(If other than applicant): _____
Address: _____
Phone No. _____
5. Applicant's interest, if other than owner: _____
6. Engineer of Surveyor responsible for plan: _____
Address: _____
Phone No. _____ Fax No.: _____
7. Acreage being subdivided: _____ Number of Lots _____
8. Acreage of adjoining land in same ownership (if any): _____
9. Minimum lot area proposed: _____
10. Lot use proposed:

_____ Single Family	_____ Commercial
_____ Two Family	_____ Industrial
_____ Townhouse	_____ Other (Specify)
_____ Multi-Family	
11. Will construction of buildings be undertaken immediately? ___ Yes ___ No
By Whom? _____ Subdivider _____ Purchasers of Individual Lots
 _____ Other developers

12. Type of water supply planned: Public System
 Community System
 Individual On-Site

13. Type of sanitary sewage disposal planned:

 Public System Community System
 Live Individual On-Site
 Capped

14. Type of off-street parking proposed:

 Garages Other (Specify)
 Driveways

15. Lineal feet of new streets planned:

16. Are all streets proposed for dedication? Yes No

17. Deed restrictions that apply or are contemplated. (if no restrictions, state "none", if "yes" attach copy): _____

18. Acreage proposed for parks or other public use: _____

19. Zoning classification: _____

20. Have appropriate public utilities been consulted? Yes; No

21. List proposed improvements and utilities and intentions to install or post performance guarantee prior to final endorsement by the Township.

	<u>Improvement</u>	<u>Intention</u>
1.		
2.		
3.		
4.		
5.		

22. List of maps and other material accompanying application and number of each:

	<u>Item</u>	<u>Number</u>
a.		
b.		
c.		
d.		
e.		
f.		
g.		

Date: _____ Signature of Applicant: _____