

FORMS

FORM 1

APPLICATION FOR REVIEW OF SKETCH PLAN

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

1. Title of Plan: _____
Plan Dated: _____
2. Name of Applicant(s): _____
Address: _____
Phone No.: _____
3. Name of Owner(s): _____ (If other than Applicant)
4. Applicant's interest, if other than owner: _____
5. Location of Subdivision: _____
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. Lot use proposed: _____

_____	Single Family	_____	Commercial
_____	Two Family	_____	Industrial
_____	Townhouse	_____	Other (Specify)
_____	Multi-Family		
10. Zoning Classification: _____
Zoning changes to be requested:
11. Type of water supply proposed: _____

_____	Public System
_____	Community System
_____	Individual On-Site

12. Type of sanitary sewage disposal proposed: _____ Public System
_____ Live
_____ Capped
_____ Community System

Individual Onsite

13. Type of off-street parking proposed: _____ Garages
_____ Driveways
_____ Other

02. List proposed improvements:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

03. Intent: Sell Lots Only _____
 Construct houses for sale _____
 Other _____

Signature of Applicant

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. Title of Plan: _____
Plan Dated: _____
2. Source of Title: _____
County Deed Book No.: _____ Page No. _____
3. Name of Applicant(s): _____
Address: _____

Phone No.: _____ Fax 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)
11. Will construction of buildings be undertaken immediately?
 Yes _____ No _____
12. Type of water supply planned: _____ Public System
 _____ Community System
 _____ Individual Onsite
13. Type of sanitary sewage disposal planned: _____ Public System
 _____ Live
 _____ Capped
 _____ Community System
 _____ Individual Onsite
14. Type of off-street parking proposed: _____ Garages
 _____ Driveways
 _____ Other (Specify)
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.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

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: _____

FORM 3

APPLICATION FOR REVIEW OF FINAL PLAN

Application is hereby made for review of the Final Plan submitted herewith and described in the accompanying maps and documents:

1. Title of Plan: _____
Plan Dated: _____

2. Name of Applicant(s): _____
Address: _____

Phone No.: _____ Fax No. _____

3. Name of Property Owner(s): _____ (if other than applicant)
Address: _____
Phone No.: _____

4. Date of approval of Preliminary Plan: _____

5. Final Plan follows exactly the approved Preliminary Plan: _____ Yes _____ No

6. List of maps and other documents accompanying application and the number of each.

	<u>Item</u>	<u>Number</u>
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____
(d)	_____	_____
(e)	_____	_____
(f)	_____	_____
(g)	_____	_____
(h)	_____	_____

Date: _____ Signature of Applicant: _____

FORM 4

FORM FOR SUBMITTAL OF IMPROVEMENTS COSTS ESTIMATES

<u>Item No.</u>	<u>Description</u>	<u>Escrowed Quantities</u>		<u>Unit Price</u>	<u>Total</u>
		<u>Units</u>	<u>Quantity</u>		
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

Subtotal of Items 1 – 10 _____

Escalation _____

Contingencies _____

TOTAL AMOUNT OF ESCROW _____

I hereby certify that the foregoing estimate of the cost of completion of the required improvements is a fair and reasonable estimate of such cost.

Professional Engineer

(Seal of Engineer)