



## SUBDIVISION / LAND DEVELOPMENT PLAN APPLICATION

PROJECT NAME (TO BE COMPLETED BY TOWNSHIP): _____	
NAME OF APPLICANT: _____	
DATE OF APPLICATION: _____	SUBMISSION # _____
LOCATION OF PROPERTY: _____	
TAX PARCEL ID NUMBER: _____	ZONING DISTRICT: _____

<b><u>TYPE OF SUBMISSION:</u></b>	
_____ SKETCH PLAN (8)	_____ FINAL PLAN (8)
_____ PRELIMINARY PLAN (8)	_____ OTHER
<b><u>IN ADDITION: (1) 11X17 PLAN AND A CD OR FLASH DRIVE CONTAINING ALL PLANS IS REQUIRED.</u></b>	

APPLICANT'S NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

OWNER OF RECORD: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ATTORNEY: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ENGINEER
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____



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 www.calntownship.org

PROPOSED LAND USE (X)	SPECIFIC TYPE OF USE, AS DEFINED BY CALN TOWNSHIP	TOTAL NUMBER OF LOTS / UNITS	TOTAL SQ. FOOTAGE OF NON-RESID. BUILDINGS
AGRICULTURAL			
CONSERVATION			
RESIDENTIAL			
COMMERCIAL			
INDUSTRIAL			
INSTITUTIONAL			
MUNICIPAL			
OTHER			

TOTAL LAND AREA (ACRES): \_\_\_\_\_ RESIDENTIAL DENSITY: \_\_\_\_\_

TOTAL LAND AREA BEING DEVELOPED: \_\_\_\_\_ TOTAL PHASES: \_\_\_\_\_

TOTAL LENGTH OF NEW ROADS (LINEAR FEET): \_\_\_\_\_

PROPOSED METHOD OF SEWAGE DISPOSAL: \_\_\_\_\_

PROPOSED METHOD OF WATER SUPPLY: \_\_\_\_\_

**EIGHT COMPLETE SETS OF PLANS, ONE ORIGINAL APPLICATION AND THREE COPIES OF ALL SUPPLEMENTAL DOCUMENTS OR REPORTS SHALL BE SUBMITTED TO CALN TOWNSHIP IN ACCORDANCE WITH THE PROCEDURES ADOPTED BY THE CALN TOWNSHIP BOARD OF COMMISSIONERS. THE FOLLOWING INFORMATION HAS BEEN SUBMITTED WITH THIS APPLICATION:**

TITLE OF SUBMISSION AND DESCRIPTION CONTENTS	COPIES	REFERENCE NUMBER	DATE



I \_\_\_\_\_ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY CALN TOWNSHIP. TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. FURTHER, I HEREBY AGREE TO THE FOLLOWING SPECIFIC TERMS AND CONDITIONS:

- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CALN TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CALN TOWNSHIP.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
- (3) I HEREBY AGREE TO COMPLETE AND SUBMIT TO CALN TOWNSHIP, THE CHESTER COUNTY REFERRAL FORM AND APPLICABLE FEES WITH THIS APPLICATION.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE OF APPLICATION
SIGNATURE OF WITNESS	DATE

<b>FOR MUNICIPAL USE ONLY</b>	<b>AUTHORIZED STAFF MEMBER:</b> _____
APPLICATION NAME: _____	APPLICATION # _____
SUBMISSION DATE: _____	SUBMISSION NUMBER: _____
CALN TWP. FEE: _____	CHECK NUMBER: _____ DATE: _____
CHESTER COUNTY PC FEE: _____	OTHER APPLICATION FEES: _____
DATE APPLICATION WILL BE REVIEWED BY TOWNSHIP PLANNING COMMISSION: _____	
APPLICATION COMPLETENESS REVIEW: _____	DATE: _____