PENN FOREST TOWNSHIP 2010 STATE ROUTE 903 JIM THORPE, PA 18229

PHONE: 570-325-2768 OR 570-325-2769 FAX: 570-325-8230

PLANNING COMMISSION FEE SCHEDULE

Penn Forest Township requires an application fee when submitting a Subdivision and Land Development Plan to the township.

	E BE GIVEN TO APPLICANT UNTIL ALL INVOICES ER FIRM AND ALL FEES ARE PAID IN FULL.
A) All other plans, the administration and Sketch Plans or Pre-Application meeting	
	Lots or less, and there are no improvements required stration and application fees is \$1250.00.
C) If the SALDO Plan consists of three (3 \$1,250.00 PLUS \$200.00 for each add	Lots or more, the administration and application fee is ditional lot over (2)
D) Minor SALDO of five (5) lots or less/u The administration and application	•
	notify the township office of any additional costs within thirty (30) days by invoicing the Township.
By signing below, the applicant acception SALDO review and planning develop	ots the terms of the application and fees associated with thoment.
Applicant	Date

PENN FOREST TOWNSHIP

SUBDIVISION AND LAND DEVELOPMENT APPLICATION

Application Deadline: 21 days prior to meeting **Monthly Meetings:** 4th Monday of each month

- 1. To be placed on the next Planning Commission meeting agenda, all submissions must be received a minimum of 21 days prior to the next regularly scheduled meeting.
- 2. The Township will only review complete submissions that include the following:
 - a. Five (5) copies of the completed SALDO application.
 - b. Seven (7) complete copies of the proposed plan(s) on the required sheet size of 24" x 36" or 36" X 48".
 - c. Five (5) copies of all required supplementary data, reports, and studies.
 - d. Review and escrow fees made payable to Penn Forest Township (see fee schedule below).
- 3. All submissions must be made to the Penn Forest Township Office. No plans may be sent directly to the Engineer.
- 4. One (1) copy of the proposed plans should be submitted, by the applicant, to the Carbon County Planning Commission for review and comment.
- 5. For re-submissions, if an applicant has not paid their bill(s) nor properly disputed the fees in accordance with the Pennsylvania Municipalities Planning Code, then the applicant will be notified that their submission is incomplete and will not be processed.
- 6. If an application is deficient and cannot be approved within the required timeframe, the applicant must agree to an indefinite time extension or the application will be denied.
- 7. All materials for Planning Commission, including handouts for presentations, must be submitted to the Penn Forest Township Planning designee prior to the meeting at which the project will be discussed.

SEE ATTACHED FEE SCHEDULE FOR ALL COST ASSOCIATED WITH PLANNING COMMISSION

NOTE: The application fee submitted will be held in an escrow account. Any additional fees due are made payable to *Penn Forest Township* and are required to be paid before the plans are released. If any amount of the fee remains after the plan has been approved, it may be refunded to the applicant.

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Penn Forest Township • 2010 State Route 903 • Jim Thorpe, PA 18229 Phone • (570) 325-2768 or (570) 325-2769

** OFFICE USE ONLY **	
Date Received:	
Zoning District:	
Tax Parcel No.:	
Zoning Permit No.:	
-	•

APPLICATION FOR SUBDIVISION AND LAND DEVELOPMENT

I. PROPERTY INFORMATION						
	☐ Residential		□ Non-	Residential		
Municipality:	Developmen	t:		Lot:	Section:	
Proposed Work Site Address:				Tax Parcel ID:		
Proposed Subdivision Name:				Zoning District:		
Deed Book & Page No.:				Property within	Floodplain	□No
II. CONTACT INFORMATION						
Property Owner:			email:			
Mailing Address:		City:		State:	Zip:	
Phone:	Phone:			Fax:		
Interest of Applicant	Equitable Owner 🔲	Other (ple	ease explain):			
(If different than Owner) Developer/Applicant:			email:			
Mailing Address:		City:		State:	Zip:	
Phone:	Phone:			Fax:		
Legal Counsel:			email:			
Mailing Address:		City:		State:	Zip:	
Phone:	Phone:			Fax:		
(Company Name) Project Engineer/Architect/Surveyor	:			PA License:		
Person in Charge of Work:			email:			
Mailing Address:		City:		State:	Zip:	
Phone:	Phone:			Fax:		
III. TYPE OF REVIEW REQUESTED			IV. TYPE OF S	UBMISSION		
☐ Subdivision Plan	☐ Annexation		(Check One)	☐ New Proposal	☐ Revised Prior	Submission
☐ Land Development Plan	☐ Zoning Amendment	t	(Check One)	Sketch	☐ Preliminary	☐ Final
☐ Lot Line Adjustment	☐ Curative Amendme	nt	Name of Plan:			
☐ Planned Residential Development	☐ Conditional Use					
V. LAND DESCRIPTION		<u>"</u>				
Total Acreage of Parent Tract:	Acreage to	be Deve	eloped:	No. of Pro	oposed Lots:	
Sq. Ft. of All Structures:	Sq. Ft. of Impervious Areas:		Combined Total:			
Proposed Land Use ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Office ☐ Other (specify):						

VI. UTILITIES			
Choose one of the following for each system below:	Public (Municipal); Private (Community); Onsite (Well); N/A (No Existing/None Proposed)		
Water System Existing:	Proposed:		
Sanitary Sewer System Existing:	Proposed:		
Check All Applicable Other Proposed Improvements	☐ Streets ☐ Stormwater ☐ Sidewalks/Curbs ☐ Other (specify):		
VII. AGREEMENTS / WAIVERS / ZONING APPROV	ALS		
Right-of-Ways or Easements with Adjacent Properties	S Yes No (Attach copy of all agreements/deeds)		
List any Modifications or Waivers Requested:			
List any relevant Zoning Variances/Special Exceptions	s/Conditional Use Approvals on this tract with dates:		
VIII. STATEMENT OF INTENT: Existing and/or Pro	posed Use of Site/Building (See Attached Plan is not acceptable)		
I (We) hereby agree to reimburse the Municipality for fees and expenses the Municipality or its consultants may incur for the review of any Subdivision and Land Development Plan or requested changes to any Zoning Ordinance.			
Owner Signature:	Date:		
Applicant Signature:	Date: RE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER		
	** OFFICE USE ONLY **		
Date of Acceptance as Completed Submittal:	Fee: Check No.:		
	Pate: Review Received:		
	Pate: Review Received:		
☐ Delivered to Sewage Enforcement Officer D	Pate: Review Received:		
☐ Required No. of Applications Received:	Required No. of Plans Received:		
Planning Administrator's Signature:	Date:		