

DELAWARE COUNTY PLANNING COMMISSION

APPLICATION FOR ACT 247 REVIEW

Incomplete applications will be returned and will not be considered “received” until all required information is provided.

Please type or print legibly

DEVELOPER/APPLICANT

Name _____ E-mail _____

Address _____ Phone _____

Name of Development _____

Municipality _____

ARCHITECT, ENGINEER, OR SURVEYOR

Name of Firm _____ Phone _____

Address _____

Contact _____ E-mail _____

Type of Review	Plan Status	Utilities		Environmental Characteristics
		Existing	Proposed	
<input type="checkbox"/> Zoning Change	<input type="checkbox"/> Sketch	<input type="checkbox"/> Public Sewerage	<input type="checkbox"/> Public Sewerage	
<input type="checkbox"/> Land Development	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Private Sewerage	<input type="checkbox"/> Private Sewerage	<input type="checkbox"/> Wetlands
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Final	<input type="checkbox"/> Public Water	<input type="checkbox"/> Public Water	<input type="checkbox"/> Floodplain
<input type="checkbox"/> PRD	<input type="checkbox"/> Tentative	<input type="checkbox"/> Private Water	<input type="checkbox"/> Private Water	<input type="checkbox"/> Steep Slopes

Zoning District _____

Tax Map # _ / _ / _ _ _

Tax Folio # _ / _ / _ _ _ _ _ / _ _

STATEMENT OF INTENT

WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE.

Existing and/or Proposed Use of Site/Buildings:

Total Site Area _____ Acres
Size of All Existing Buildings _____ Square Feet
Size of All Proposed Buildings _____ Square Feet
Size of Buildings to be Demolished _____ Square Feet

Print Developer's Name Developer's Signature

MUNICIPAL SECTION

ALL APPLICATIONS AND THEIR CONTENT ARE A MUNICIPAL RESPONSIBILITY.

Local Planning Commission Regular Meeting _____

Local Governing Body Regular Meeting _____

Municipal request for DCPD staff comments prior to DCPC meeting, to meet municipal meeting date:

Actual Date Needed _____

IMPORTANT: If previously submitted, show assigned DCPD File # _____

Print Name and Title of Designated Municipal Official Phone Number

Official's Signature Date

FOR DCPD USE ONLY

Review Fee: Check # _____ Amount \$ _____ Date Received _____

Applications with original signatures must be submitted to DCPD.