

**FOSTER TOWNSHIP
MINOR SUBDIVISION APPLICATION**

Application # _____ Date _____

1. APPLICANT

Name _____

Address _____

Phone _____ Fax _____

2. OWNER OF RECORD

Name _____

Address _____

Phone _____ Fax _____

3. REGISTERED SURVEYOR/ENGINEER

Name _____

Address _____

Phone _____ Fax _____

4. LOCATION/ADDRESS OF PROPERTY TO BE SUBDIVIDED

5. LINEAR DIMENSIONS OF LOT AND TOTAL AREA (SQUARE FEET OR ACREAGE) OF LOT PRIOR TO SUBDIVISION

6. LINEAR DIMENSIONS OF EACH LOT AND TOTAL SQUARE FOOTAGE OF EACH LOT TO BE CREATED UPON SUBDIVISION APPROVAL

LOT #1 _____

LOT #2 _____

LOT #3 _____

LOT #4 _____

LOT #5 _____

LOT #6 _____

7. TAX MAP DESCRIPTION: VOLUME _____ PAGE _____ LOT NUMBER _____

8. ZONING DISTRICT _____

9. SEWAGE: LOCATION AND DISTANCE OF NEAREST SANITARY SEWER

10. PROPOSED SEWAGE DISPOSAL SYSTEM: _____ CENTRAL _____ ON LOT

11. ATTACH NARRATIVE REPORT ON NATURE OF PROPOSED DEVELOPMENT AND INTENDED USE AND DISPOSITION OF SUBDIVISION PROPERTY.

12. ATTACH A COPY OF EXISTING DEED DESCRIPTION OF PROPERTY AND COPIES OF PROPOSED DEED DESCRIPTIONS OF LOTS TO BE CREATED.

13. HAS THE ZONING OFFICER DETERMINED IF THE PROPOSED SUBDIVISION, IF APPROVED, WILL REQUIRE ANY VARIANCES? _____ YES _____ NO

IF YES, SPECIFY ANY REQUIRED VARIANCES PER THE DECISION OF THE ZONING OFFICER.

14. ARE ANY NOTIFICATIONS FROM THE SUBDIVISION AND LAND DEVELOPMENT ORDINANCE REQUESTED? _____ YES _____ NO

15. ATTACH TWENTY (20) PREFOLDED COPIES OF THE SUBDIVISION PLAN AT A SCALE OF ONE (1) INCH EQUALS (50) FEET AND ANY APPLICABLE SUPPORTING MATERIAL, I. E., SOIL EROSION AND SEDIMENTATION CONTROL PLAN, AND A HIGHWAY OCCUPANCY PERMIT (IF APPLICABLE).

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO REIMBURSE THE TOWNSHIP FOR ALL REASONABLE CONSULTING FEES INCURRED FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS.

SIGNATURE OF APPLICATION/DEVELOPER

DATE

TO BE COMPLETED BY TOWNSHIP

- A. TOWNSHIP APPLICATION FEE AND DATE RECEIVED: _____
- B. COUNTY REVIEW FEE: _____
- C. DATE PLAN AND APPLICATION WERE SUBMITTED TO LUZERNE COUNTY PLANNING COMMISSION. _____
- D. DATE OF NEXT SCHEDULED PLANNING COMMISSION MEETING:

- E. ATTACH COMMENTS AND/OR RECOMMENDATIONS OF THE TOWNSHIP PLANNING AND THE LUZERNE COUNTY PLANNING COMMISSION.
- F. ATTACH COPY OF APPROVED D. E. P. PLANNING MODULE AND SEO REPORT (IF APPLICABLE).
- G. DECISION RENDERED AND DATE OF DECISION BY BOARD OF SUPERVISORS.

- H. DATE OF MAILING OR WRITTEN NOTIFICATION OF DECISION TO APPLICANT: _____