

City of Nanticoke

SUBDIVISION APPLICATION – LAND DEVELOPMENT

MAJOR

MINOR

1. APPLICANT

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

2. OWNER OF RECORD

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

3. REGISTERED SURVEYOR

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

AND/OR ENGINEER

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

4. LOCATION/ADDRESS OF PROPERTY TO BE SUBDIVIDED/DEVELOPED

ADDRESS: _____

5. LINEAR DIMENSIONS OF LOT AND TOTAL AREA (Square feet or acreage) OF LOT PRIOR TO SUBDIVISION: - _____

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

LOT NUMBER 1 _____

LOT NUMBER 2 _____

LOT NUMBER 3 _____

LOT NUMBER 4 _____

LOT NUMBER 5 _____

LOT NUMBER 6 _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

City of Nanticoke

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

8. ZONING DISTRICT: _____

9. SEWAGE: LOCATION AND DISTANCE OF NEAREST SANITARY SEWER

10. ATTACH A COPY OF DEP PLANNING MODULE AND DATE OF SUBMISSION TO DEP.
SUBMISSION TO DEP: _____

11. ATTACH NARRATIVE REPORT ON NATURE OF PROPOSED DEVELOPMENT AND INTENDED USE AND DISPOSITION OF SUBDIVIDED PROPERTY. See Letter

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.
Change of Zoning pending

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

IF YES, SPECIFY THE REQUESTED MODIFICATIONS AND SECTIONS AND OR PROVISIONS OF THE ORDINANCE RELATED TO SUCH REQUEST.

15. ATTACH FIVE (5) PREFOLDED COPIES OF THE SUBDIVISION PLAN AT A SCALE NO GREATER THAN ONE (1) INCH EQUALS FIFTY (50) FEET AND SUPPORTING MATERIAL, I.E., SOIL EROSION AND SEDIMENTATION CONTROL PLAN, STORMWATER DRAINAGE PLAN, INCLUDING STORMWATER CALCULATIONS AND A HIGHWAY OCCUPANCY PERMIT (IF APPLICABLE).

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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 CITY OF NANTICOKE FOR ALL REASONABLE CONSULTING FEES INCURRED FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS AS SO DIRECTED BY THE PLANNING COMMISSION.

SIGNATURE OF APPLICANT/DEVELOPER

DATE

TO BE COMPLETED BY PLANNING COMMISSION.

- A. CITY 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 ANY CONSULTANTS TO THE PLANNING COMMISSION AND LUZERNE COUNTY PLANNING COMMISSION.
- F. ATTACH A COPY OF APPROVED DEP PLANNING MODULE AND SEO REPORT (IF APPLICABLE).
- G. DECISION RENDERED AND DATE OF DECISION BY PLANNING COMMISSION:

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

PLANNING COMMISSION MEMBERS

_____ CHAIRMAN	_____ DATE
_____ SECRETARY	_____ DATE
_____ TREASURER	_____ DATE
_____	_____ DATE
_____	_____ DATE