

APPENDIX A
JACKSON TOWNSHIP, YORK COUNTY, PA
APPLICATION FOR SUBDIVISION AND LAND DEVELOPMENT APPROVAL

Request for Review

I hereby authorize and request review of this application. (See Appendix B for Owner's Statement required on the plans):

Applicant's Signature: _____ Date: _____

Date: _____

Jackson Township File No. _____

Name of Development: _____

Sketch Plan [] Preliminary Plan [] Final Plan [] Land Development Plan []

General Information:

Owner: _____ Phone No. _____

Address: _____

Applicant: _____ Phone No. _____

Address: _____

Engineer/Surveyor: _____ Phone No. _____

Address: _____

Development Data

Location: _____

Tax Map : _____ Parcel No. _____ Property Zoned: _____

Proposed Use: _____ Number of Lots: _____

Total Acreage: _____ Minimum Lot Size: _____

Lineal Feet of New Streets: _____

Water Supply: Public System [] On Lot System []

Sewerage System: Public System [] On Lot System []

Previous Subdivision or Construction on this Tract within the last five (5) years:

No Yes If yes: Name of Plan _____ Date of Approval: _____

Special Exception/Variances Approved for this tract: No Yes Date of Approval: _____

Authorization to Enter Property at Own Risk

I hereby authorize the Planning Commission, Board of Supervisors Members, Township Engineer, Township Staff and any Township Consultant to enter the exterior premises of this property, between 9:00 AM and 8:00 PM at their own risk while this plan is being considered for approval, as needed to determine compliance with Township Ordinances.

Applicant's Signature: _____ Date: _____

Time Waiver

As part of this application, to allow adequate time for the applicant to submit revisions to address concerns or omissions that otherwise may result in plan denial, the applicant(s) agree(s) that the maximum time frame for the Township to render a decision and the prescribed manner of presentation and communication of the decision are extended for an additional 90 days beyond the time limit as specified by the Pennsylvania Municipalities Planning Code that would otherwise apply..

Applicant's Signature: _____ Date: _____