

WEST HANOVER TOWNSHIP
APPLICATION FOR PLAN APPROVAL PC (PLANNING COMMISSION)

Property Owner Name: _____

Address: _____ Phone # _____

Name of Applicant: _____

Address: _____ Phone # _____

Name of Engineer/Surveyor: _____

Address: _____

Phone # _____ E-mail _____

Name of Developer: _____

Address: _____ Phone # _____

Title of Plan: _____

Plan Classification: Subdivision Land Development Other _____

Type of Approval Request: Preliminary Final

Previous Plans: _____ Records Office Reference: _____

Total Tract Area: _____ Number of Lots/Units: _____ Zoning District: _____

Density Overall: _____ Water Supply: _____ Linear ft of new streets: _____

Proposed Sewage Disposal: _____ Linear ft of new storm sewer: _____

Recreation: Land Dedication FILO (Fee in Lieu) Not Applicable

Has a sewage module been submitted to SEO? Yes. Date submitted: _____

Improvements Required: None Full Street Partial Street Sidewalks Curbing
 Sanitary Sewer Signs Storm Sewer Water Lines Other _____

Are any modifications of requirements being requested? Yes No If so, provide a written narrative listing the specific section of the Ordinance from which relief is requested and justification of the waiver.

Have any variances been granted to allow this development? Yes No

Case Number: _____ Date granted: _____

Filing Fees Attached: Twp \$ _____ HRG Deposit \$ _____
Dauphin County \$ _____

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I hereby certify the plan submission represented by this application is complete and is prepared in conformance with all the applicable West Hanover Township Ordinances.

Signature _____
Date

I hereby certify that I will pay all applicable fees associated with the plan submitted including but not limited to: HRG invoices, improvement guarantees, FILO funds, etc.

Signature _____
Date

NOTE: Plans must be officially submitted to the Planning/Zoning Office by the appropriate submission date, provided by this office. Late or incomplete plans will not be accepted.

OFFICE USE ONLY: Filing Date: _____ Plan # _____
90 Days Begin: _____ 90 Days End: _____ Last Meeting Prior: _____
Extension(s) Granted: _____