



# CHALFONT BOROUGH

40 NORTH MAIN STREET

CHALFONT, PA. 18914

(215)822-7295

Fax: 215-822-5528

## SUBDIVISION/LAND DEVELOPMENT REVIEW APPLICATION

Both sides of this applications must be completed by the Applicant or his/her agent and submitted with the required number of plans and fee to the Borough Manager. Plans must be submitted two weeks prior to the first Monday of the month for consideration at that month's Planning Commission Meeting.

Name Subdivision \_\_\_\_\_

Location: \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_ Total Acreage \_\_\_\_\_ Zoning Dist. \_\_\_\_\_

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Owner of Record \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Registered Engineer or Surveyor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Attorney: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

### PROPOSAL:

Residential Y/N \_\_\_\_\_

Commercial Y/N \_\_\_\_\_

Number of Lots \_\_\_\_\_

Nature of Land Development \_\_\_\_\_

Water Supply: Private \_\_\_ Public \_\_\_ Community

Sewer Service: On-Lot \_\_\_ Public \_\_\_ Community

Application, Plans (20 sets) and Fee must be included for submission to Bucks County Planning Commission. When applicable, Planning Modules, Plans, Resolution for Act 37 Plan Revision, Letter of Transmittal, and Fee must be submitted for application to the Bucks County Health Department.

Please check where applicable if submission has been amde to the following:

- Supplying Water Department      Yes \_\_\_ No \_\_\_ N/A
- Supplying Sewer Department      Yes \_\_\_ No \_\_\_ N/A
- PennDot      Yes \_\_\_ No \_\_\_ N/A
- Bucks County Conservation Dist.      Yes \_\_\_ No \_\_\_ N/A
- Army Corps of Engineers (Wetlands) Yes \_\_\_ No \_\_\_ N/A  
DER

I hereby certify that I am familiar with the submission requirements of the Chalfont Borough Subdivision and Land Development Ordinance and the attached Application/Plans conform to the submission requirements to the best of my knowledge and belief. I hereby authorize employees and/or agents of Chalfont Borough to enter the land proposed to be subdivided, if necessary.

**FOR BOROUGH USE ONLY**

\_\_\_\_\_  
Signature of Applicant

File No. \_\_\_\_\_

Date Rec'd. \_\_\_\_\_

\_\_\_\_\_  
Date

Fee Paid \_\_\_\_\_