

SUBDIVISION AND LAND DEVELOPMENT

*22 Attachment 3*

Township of Londonderry

**APPENDIX B**

**SUBDIVISION AND/OR LAND DEVELOPMENT PLAT APPLICATION**

1. Name of Subdivision or Land Development: \_\_\_\_\_
  2. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_
  3. Owner of Record of Land (If other than Applicant): \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_
  4. Number of Lots/Dwelling Units: \_\_\_\_\_
  5. Area to be Subdivided or Developed (in acres): \_\_\_\_\_
  6. Zoning Classification: \_\_\_\_\_
  7. Copies of all restrictions, covenants, etc., if any, under which lot is to be sold.  
Attached: \_\_\_\_\_ None: \_\_\_\_\_
  8. Check as Applicable: 

Sketch Plan	_____
Preliminary Plat	_____
Final Plat	_____

 Date of Submission \_\_\_\_\_  
Application Fee Paid (Amount): \_\_\_\_\_ Date Paid: \_\_\_\_\_  

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

\_\_\_\_\_  
Signature of Municipal Official
- 
- (FOR CODE ENFORCEMENT OFFICER)
9. Check as Applicable: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

LONDONDERRY CODE

Plat as submitted is complete \_\_\_\_\_

Plat as submitted is incomplete \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(FOR PLANNING COMMISSION)

10. Review of Sketch Plan (if applicable): Date of Review: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Review of Request for Alteration of Requirements (if applicable):

Alteration Requested for (cite specific provision(s)) :

\_\_\_\_\_

(Copy of written request to be attached to Application Form)

Date of Planning Commission Review: \_\_\_\_\_

Check One (as applicable to Planning Commission Authority):

Alteration Recommended for Approval (Alteration Granted) \_\_\_\_\_

Alteration Recommended for Disapproval (Alteration Denied) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Review of Plat for Completeness (as applicable)

Date of Review: \_\_\_\_\_

Check as Applicable: \_\_\_\_\_

## SUBDIVISION AND LAND DEVELOPMENT

Plat Complete and Duly Filed \_\_\_\_\_

Plat Incomplete and Returned to Applicant \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Review of Plat by Other Agencies (if applicable):

	Date Plat Forward	Date Comments Received
Municipal Engineer	_____	_____
County Planning Commission	_____	_____
County Conservation District	_____	_____
PA Dept. of Transportation	_____	_____
Other (specify)	_____	_____

14. Recommendations to Governing Body:

Date of Recommendation: \_\_\_\_\_

Check as Applicable:

Approval \_\_\_\_\_ Conditional Approval \_\_\_\_\_

Disapproval \_\_\_\_\_

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(FOR GOVERNING BODY)

15. Governing Body Action:

Request for Alteration of Requirements: Date of Action: \_\_\_\_\_

Check One:

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Required Improvements: Date of Action: \_\_\_\_\_

Check One:

## LONDONDERRY CODE

Guarantees Accepted \_\_\_\_\_ Guarantees Not Accepted \_\_\_\_\_

Plat Application: Date of Action: \_\_\_\_\_

Check One:

Approved \_\_\_\_\_ Conditional Approval \_\_\_\_\_

Disapproved \_\_\_\_\_

Date of Notification to Applicant: \_\_\_\_\_

Date Applicant Complies with Conditions of Approval: \_\_\_\_\_

Date of Plat Recording: \_\_\_\_\_