

**DELAWARE COUNTY PLANNING COMMISSION**

**APPLICATION FOR ACT 247 REVIEW**

**Incomplete applications will be returned and will not be considered “received” until all required information is provided.**

Please type or print legibly

**DEVELOPER/APPLICANT**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Development \_\_\_\_\_

Municipality \_\_\_\_\_

**ARCHITECT, ENGINEER, OR SURVEYOR**

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Review	Plan Status	Utilities		Environmental Characteristics
		Existing	Proposed	
<input type="checkbox"/> Zoning Change	<input type="checkbox"/> Sketch	<input type="checkbox"/> Public Sewerage	<input type="checkbox"/> Public Sewerage	
<input type="checkbox"/> Land Development	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Private Sewerage	<input type="checkbox"/> Private Sewerage	<input type="checkbox"/> Wetlands
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Final	<input type="checkbox"/> Public Water	<input type="checkbox"/> Public Water	<input type="checkbox"/> Floodplain
<input type="checkbox"/> PRD	<input type="checkbox"/> Tentative	<input type="checkbox"/> Private Water	<input type="checkbox"/> Private Water	<input type="checkbox"/> Steep Slopes

Zoning District \_\_\_\_\_

Tax Map # \_ / \_ / \_ \_ \_

Tax Folio # \_ / \_ / \_ \_ \_ \_ / \_ \_

**STATEMENT OF INTENT**

WRITING "SEE ATTACHED PLAN" IS NOT ACCEPTABLE.

Existing and/or Proposed Use of Site/Buildings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Site Area \_\_\_\_\_ Acres  
Size of All Existing Buildings \_\_\_\_\_ Square Feet  
Size of All Proposed Buildings \_\_\_\_\_ Square Feet  
Size of Buildings to be Demolished \_\_\_\_\_ Square Feet

\_\_\_\_\_  
Print Developer's Name

\_\_\_\_\_  
Developer's Signature

**MUNICIPAL SECTION**

ALL APPLICATIONS AND THEIR CONTENT ARE A MUNICIPAL RESPONSIBILITY.

Local Planning Commission Regular Meeting \_\_\_\_\_

Local Governing Body Regular Meeting \_\_\_\_\_

Municipal request for DCPD staff comments prior to DCPC meeting, to meet municipal meeting date:

Actual Date Needed \_\_\_\_\_

IMPORTANT: If previously submitted, show assigned DCPD File # \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title of Designated Municipal Official

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date

**FOR DCPD USE ONLY**

Review Fee: Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received \_\_\_\_\_

**Applications with original signatures must be submitted to DCPD.**