

SUBDIVISION APPLICATION – HARBORCREEK TOWNSHIP

Application is hereby made for the review of the subdivision of land described below:

Plan Name _____ County Index No. _____

Exact Location _____

Number of Lots _____ Zoning Classification _____

Type of Application (✓one): Preliminary Final Minor Subdivision

Fee \$ _____ Date Received _____ Received by _____

Utilities Available: Water Sewer Gas Electric Phone

(NOTE: If sewer is not available, Sewage Planning Modules from DEP must be completed.)

Name of Developer _____

Address _____ Phone (_____) _____

Name of Landowner _____

Address _____ Phone (_____) _____

Name of Engineer or Surveyor _____

Address _____ Phone (_____) _____

Total Acreage in plan _____ Average lot size _____ Average lot frontage _____

Are any modifications to the Township Subdivision Regulations required? Yes No

(If yes, list) _____

Does this plan require a change in zoning classification? Yes No

(If yes, has an application for rezoning been filed?) Yes No Date: _____

I hereby depose and say that all of the above statements contained in this application and supporting documents herewith are true.

Date: _____

Signature _____

OFFICE USE ONLY

Zoning Office Review _____

Engineers Review _____

Planning Commission Review _____

Erie County Planning Review _____

Board of Supervisors Action _____