Rev. 6.19.20

Voice: (717) 359-4500 Web: www.mtjoytwp.us

## SUBDIVISION/LAND DEVELOPMENT APPLICATION

Mount Joy Township 902 Hoffman Home Road Gettysburg, PA 17325 APPLICANT INFORMATION

| DDODEDTY OWNED INFORMATION  | landowner agent tenant with landowner permission holder of option or contract to purchase |  |  |  |  |
|---|---|--|--|--|--|
| PROPERTY OWNER INFORMATION  | PROPERTY OWNER INFORMATION  |  |  |  |  |
| Name: Daytime phone: Alternate phone:   |   |  |  |  |  |
| Address: Email:   | Email:  |  |  |  |  |
| ENGINEER/SURVEYOR INFORMATION   |   |  |  |  |  |
| Name: Daytime phone: Alternate phone:   |   |  |  |  |  |
| Address: Email:   | Email:  |  |  |  |  |
| PROPERTY INFORMATION  |   |  |  |  |  |
| Parcel# Address: Lot size: Zoning district:   |   |  |  |  |  |
| DESCRIPTION OF APPLICATION  |   |  |  |  |  |
| Type of Application: Proposed Use/Building Type:  |   |  |  |  |  |
| Subdivision Land Development non-residential residential agriculture Preliminary Preliminary  | non-residential residential agriculture   |  |  |  |  |
| Final Final   |   |  |  |  |  |
| Minor Proposed building/structure size: sq. f   | t.  |  |  |  |  |
| Required setbacks: Proposed setbacks:   |   |  |  |  |  |
| # of existing lots: # of proposed lots:   |   |  |  |  |  |
| Front: Front:   |   |  |  |  |  |
| # of parking spaces required: # of parking spaces proposed: Rear: Rear:   |   |  |  |  |  |
| # of loading spaces required: # of loading spaces proposed: Side: Side:   |   |  |  |  |  |
| Water: Sewer:   |   |  |  |  |  |
| well community public on-lot community public   |   |  |  |  |  |
| Stormwater Management Plan required: Yes No Floodplain Development Permit required: Yes   | No  |  |  |  |  |
|   |   |  |  |  |  |
| By signing this application, I declare that:  |   |  |  |  |  |
| <ul> <li>I am the title owner of record of the property (landowner), agent of the landowner, or tenant with permission of the landowner, or the holder of an option or contract to purchase the property.</li> <li>The information provided in this application is accurate to the best of my knowledge.</li> <li>I understand my responsibility to make payment of all review and inspection fees when due and in full.</li> <li>I understand that false information provided on this application may result in a stop work order or revocation of the permit and that false statements herein made also are subject to the penalties of 18 Pa.C.S.§4904, relating to unsworn falsification to authorities.</li> </ul> |   |  |  |  |  |
| By checking this box, I affirm that I have provided a plan showing exact size and location of any proposed construction as well as any existing buildings and structures (including dimensions), septic, well, easements, rights-of-way, property and lot lines, and site dimensions, or other information as is required by the provisions of the Subdivision and Land Development Ordinance to accompany this application.  |   |  |  |  |  |
| By checking this box, I hereby grant permission for the Zoning Officer and Township Engineer to enter onto my property to conduct compliance inspections while this application is under consideration and during construction of required public improvements.   |   |  |  |  |  |
| Signature of Applicant Date   |   |  |  |  |  |

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|------------------------|--------------------------------------|---------|------------|--|
| OFFICIAL USE ONLY      |                                      |         |            |  |
| Application:           | 4                                    |         |            |  |
|                        |                                      |         |            |  |
| Date received:         | Date of decision:                    |         |            |  |
|                        | approved                             | Fee: \$ | Date Paid: |  |
| Determined complete:   | approved with conditions             |         |            |  |
| 4571                   | denied                               | Check # | Cash       |  |
| 90-day review expires: | Modifications/Waivers: granted denie | d       | -          |  |