

Borough of Collegeville
491 E. Main Street
Collegeville, Pennsylvania 19426-2645
(610)489-9208 Fax: (610)489-6661

SUBDIVISION/LAND DEVELOPMENT

Note: This application must be submitted, in person, to the Collegeville Borough Office.

DATE: _____

APP. NO. _____

M.C.P.C. NO. _____

A. Application is hereby made for approval of the following submitted in accordance with the Zoning Ordinance/Subdivision and Land Development Ordinance of the Borough of Collegeville:

- _____ 1. LAND DEVELOPMENT PLAN
 - _____ Minor _____ Tentative Sketch (Section 402)
 - _____ Major
- _____ 2. SUBDIVISION PLAN
 - _____ Minor _____ Preliminary Plan (Section 403)
 - _____ Major
- _____ 3. SITE PLAN REVIEW
 - _____ Final Plan (Section 404)
 - _____ Flood Plain Use
 - _____ Requires Parking Lot
 - _____ Structure Built off-site
 - _____ Two or more primary uses (one site)
- _____ 4. IMPROVEMENT CONSTRUCTION PLAN

B. REVIEWING BODIES/OFFICIALS – REVIEW DUE

_____ Planning Commission _____
_____ Borough Engineer _____
_____ M.C.P.C. _____
_____ Borough Council _____
_____ Bldg. Inspector _____
_____ Zoning Officer _____
_____ Other _____
_____ Zoning Hearing Board _____

C. NAME OF APPLICANT/ADDRESS/TELEPHONE NUMBER

Name: _____

Address: _____

Tel. No. _____

Applicant's Representative (If not as above)

D. DEVELOPMENT INFORMATION

Name: _____

Total Acreage: _____

No. of Lots/Parcels: _____

Existing Zoning Classification: _____

Change in Zoning /Special Exception: _____

Conditional Use/Variance Required: _____

Any Encumbrances, Deed Restrictions: _____
If yes, attach copies

Proposal meets all requirements of
Existing Zoning Classification: _____

E. INTENDED USE

LOTS/UNITS/BLDGS.

Residential _____
Commercial _____
Industrial _____
Office _____
Other _____

F. UTILITIES

Sewerages: Public _____
 Private _____
Water: Public _____
 Private _____

G. COMPUTATION OF FEE (IF APPLICABLE)
(Fee Schedule)

N/A _____

ATTACHED _____

UNDER SEPARATE COVER _____

H. The undersigned represents that to the best of his/her knowledge and belief, all of the above statements are true, correct and complete.

The applicant does _____, does not _____, waive the ninety (90) day time period required by Act 247 of the Commonwealth of Pennsylvania within which Collegeville Borough is either to approve or disapprove this application.

In the event that the applicant wishes to have their review by the Borough discontinued, please notify the Borough immediately, in writing. The processing of the application will be terminated upon receipt of the written notification to the Borough, it being understood that all bills accrued to date of termination will be paid from the escrow fund with the balance, if any, returned to the applicant.

Note: A Montgomery County Planning Commission review fee may also be required with this application

(Signature of Applicant)

(Do not write above this line)

Checked for Completeness Received for Review on:	_____	By _____
Date of Distribution:	_____	
Distributed to Planning Commission M.C.P.C. Borough Engineer Council	_____ _____ _____ _____ _____	
Borough Reference No.	_____	