

City Of Titusville ACT 247 Application FORM (rev 11/11/16)

This is a request for the review of a Subdivision Plan, Land Development Proposal or Ordinance Amendment pursuant to the Pennsylvania Municipalities Planning Code, Act 247. This application must be completed and submitted by the applicant along with 3 full sets of plans and accompanying documents. The original drawing MUST be submitted for signing and accompanied by the required fee for review. *Checks are payable to: The City of Titusville*

Date Approved _____

Signature _____

TO BE COMPLETED BY THE APPLICANT

APPLICANT IDENTIFICATION

Owner / Applicant	Email Address _____		
Last Name _____	First _____	Middle Initial _____	Phone no. () _____
Street address _____			
City _____		State _____	ZIP Code _____
Surveyor / Architect / Engineer Name _____			Phone no.: () _____

TYPE OF REVIEW REQUESTED	REVIEW FEE	TYPE OF SUBMISSION
(Check all appropriate boxes) <input type="checkbox"/> Unofficial Sketch Plan (No Fee) <input type="checkbox"/> Subdivision Plan <input type="checkbox"/> Land Development Plan <input type="checkbox"/> Planned Residential Development <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Non-Residential <input type="checkbox"/> Subdivision <input type="checkbox"/> Minor (1-5 Lots) <input type="checkbox"/> Major (Over 5 Lots) <input type="checkbox"/> Land Development <input type="checkbox"/> Minor (1 Building) <input type="checkbox"/> Major (5-50 acres) <input type="checkbox"/> Zoning Ordinance Amendment <input type="checkbox"/> Other _____	<i>Review Fees charged per Article 191</i> <input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable	<input type="checkbox"/> New Proposal <input type="checkbox"/> Revision to Prior Proposal <input type="checkbox"/> Phase of a Prior Proposal <input type="checkbox"/> Amendment/Revision to Recorded Plan is a New Proposal
	TYPE OF PLAN	TAX PARCEL(S)
	<input type="checkbox"/> Unofficial Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final	# _____ # _____ # _____

ZONING

DISTRICT <input type="checkbox"/> Existing _____ <input type="checkbox"/> Proposed _____	SPECIAL EXCEPTION / CONDITIONAL USE /VARIANCE <input type="checkbox"/> Needed ~ Date of Application to Zoning Hearing Board _____ <input type="checkbox"/> Granted ~ Date of Zoning Hearing board Approval _____
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PLAN INFORMATION

Total Area of Subdivision/Development acres or sq feet	Number of Lots	Length of New Road	Ownership of Road <input type="checkbox"/> Public <input type="checkbox"/> Private	Homeowners Association <input type="checkbox"/> Yes <input type="checkbox"/> No	HOA Documents Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROPOSED UTILITIES & EASEMENTS

Municipal Sanitary Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Stream Easements Public / Private <input type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Easements: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Consideration: <i>(Please List)</i> _____
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In the space below, please further explain your reasons for this request. The Titusville Planning Commission will contact you with the scheduled date of review for your application. Your attendance at this meeting is recommended, but not required.

OTHER AGENCY REVIEWS

Dept of Transportation – Date : _____

Dept of Environmental Protection – Date : _____

Other _____ – Date : _____

BUILDING / ZONING OFFICE REVIEW USE ONLY

REVIEW RECORD (Date & Initial) Received _____ TPC Review _____ CCPC Review _____ DEP Planning Module _____	Comments forwarded to / Date <input type="checkbox"/> Surveyor/Architect/Engineer/ _____ <input type="checkbox"/> Planning Commission/ _____ <input type="checkbox"/> Owner/Applicant/ _____ <input type="checkbox"/> Other/ _____
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