



# HUNTINGTON TOWNSHIP

P.O. BOX 247

YORK SPRINGS, PA. 17372

Phone: 717-528-4027

Email: [huntington@pa.net](mailto:huntington@pa.net)

## SUBDIVISION AND LAND DEVELOPMENT APPLICATION

DATE: \_\_\_\_\_

NAME (APPLICANT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU OWN OR LEASE THE PROPERTY? \_\_\_\_\_

IF APPLICANT IS NOT THE PROPERTY OWNER:

NAME (OWNER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME (ENGINEER/SURVEYOR): \_\_\_\_\_

NAME (CONTACT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TAX MAP PARCEL NO: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ ACRES DEED REFERENCE BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_

PROPERTY ZONE: AC RA RS CI FP (CIRCLE ONE)

TYPE OF PLAN: ☐ SUBDIVISION (#LOTS \_\_\_\_\_) ☐ LAND DEVELOPMENT

☐ PRELIMINARY ☐ FINAL

CURRENT USE OF THE PROPERTY: \_\_\_\_\_

PROPOSED USE OF THE PROPERTY: \_\_\_\_\_

IS THIS USE PERMITTED IN THIS ZONE? ☐ YES ☐ NO

IF NO, ARE YOU APPLYING FOR A

☐ CONDITIONAL USE ☐ SPECIAL EXCEPTION ☐ VARIANCE

IF YES, COMPLETE AN APPLICATION FOR A CONDITIONAL USE, ET AL.

WATER SERVICE: ☐ PUBLIC ☐ PRIVATE WELL ☐ EXISTING ☐ PROPOSED

IF PROPOSED WELL, A WELL PERMIT IS REQUIRED.

IF PROPOSED PUBLIC, WATER UTILITY APPROVAL IS REQUIRED.

SEWER: ☐ PUBLIC ☐ ON SITE: PERMIT # \_\_\_\_\_ ☐ EXISTING ☐ PROPOSED

IF PROPOSED, PADEP SEWER PLANNING IS REQUIRED.

IF NOT, PADEP SEWER PLANNING EXEMPTION IS REQUIRED.

IS NEW CONSTRUCTION PROPOSED? ☐ YES ☐ NO

IF YES, A BUILDING PERMIT IS REQUIRED PRIOR TO CONSTRUCTION.

IF YES, CHECK STORMWATER MANAGEMENT ORDINANCE SECTION 302.A.

DOES THE PROJECT MEET THE CRITERIA FOR A SWM EXEMPTION? ☐ YES ☐ NO

IF NO, STORMWATER MANAGEMENT IS REQUIRED.

IS GRADING LARGER THAN 5,000 SF PROPOSED? ☐ YES ☐ NO

IF YES, A GRADING PERMIT IS REQUIRED.

DRIVEWAY: ☐ ON STATE ROAD ☐ TOWNSHIP ROAD ☐ EXISTING ☐ PROPOSED

IF PROPOSED, A DRIVEWAY PERMIT IS REQUIRED.

IS A NEW SIGN PROPOSED? ☐ YES ☐ NO IF YES, A SIGN PERMIT IS REQUIRED.

ALL WAIVERS MUST BE SUBMITTED IN WRITING.

BY SIGNING THIS APPLICATION, I DECLARE THAT:

- 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.
- The information provided in this application is accurate to the best of my knowledge.
- I understand my responsibility to make payment of all review and inspection fees when due and in full.
- 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.

☐ 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 Township Engineer to enter onto my property to conduct compliance inspections while this application is under consideration and during construction of required public improvements.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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OFFICIAL USE ONLY

DATE SUBMITTED: \_\_\_\_\_

REVIEW REQUEST SENT TO ADAMS COUNTY PLANNING (DATE): \_\_\_\_\_

90 DAY REVIEW PERIOD EXPIRES: \_\_\_\_\_

REVIEW PERIOD EXTENSION UNTIL: \_\_\_\_\_

ZONING / CONDITIONAL USE / VARIANCE APPROVAL: \_\_\_\_\_

WAIVER / MODIFICATION APPROVAL: \_\_\_\_\_

PENNDOT DRIVEWAY PERMIT APPROVED: \_\_\_\_\_

ACCD / PADEP CH 102 PERMIT APPROVED: \_\_\_\_\_

PLANNING COMMISSION REVIEW DATE: \_\_\_\_\_

BOARD OF SUPERVISORS REVIEW DATE: \_\_\_\_\_

DATE OF DECISION: \_\_\_\_\_ ☐ APPROVED ☐ APPROVED WITH CONDITIONS

☐ DENIED – DOES NOT MEET ORDINANCE \_\_\_\_\_

LETTER SENT TO APPLICANT WITHIN 15 DAYS OF DECISION (DATE): \_\_\_\_\_

FINANCIAL SECURITY RECEIVED: \_\_\_\_\_

DATE CONDITIONS MUST BE SATISFIED: \_\_\_\_\_ (90 DAYS AFTER APPROVAL WITH CONDITIONS)

DATE PLANS SIGNED: \_\_\_\_\_

FEES PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_

DATE PLAN RECORDED: \_\_\_\_\_ (WITHIN 90 DAYS OF APPROVAL OR COMPLETED CONDITIONS)

COMMENTS: \_\_\_\_\_

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