HUNTINGTON TOWNSHIP
750 TROLLEY ROAD
YORK SPRINGS, PA 17372
Phone: 717-528-4027 Email: office@huntingtontwp.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 WAIVER REQUESTS 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**_____

OFFICIAL USE ONLY

DATE SUBMITTED: _____

REVIEW REQUEST SENT TO ADAMS COUNTY PLANNING (DATE): _____

90 DAY REVIEW PERIOD EXPIRES: _____

REVIEW PERIOD EXTENSION UNTIL: _____

PADEP SEWAGE PLANNING APPROVAL: _____

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: _____

_____

_____