



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
www.pocopson.org

## SUBDIVISION and/or LAND DEVELOPMENT APPLICATION

To ensure proper review time of application submittals, Pocopson Township requires Applicants **to submit completed applications 2-6 weeks prior to the Applicant's intended Planning Commission Meeting appearance depending on application type.** Please see the Checklists on page 4 for procedures related to filing a subdivision or land development application.

### SUBMISSION REQUIREMENTS:

- Cover letter must accompany the submission
- Plans: 10 paper copies + 1 electronic version
  - o Plans must have UPI Numbers, easements and protected properties noted
  - o Electronic version must be in readable .pdf format
- Narrative summary of the project and other related materials such as reports or accompanying studies
- 2 copies of the stormwater management report and the grading permit application
- 2 copies of a Traffic Study or PennDOT permit/permit application (if applicable)
- 1 completed Chester County Planning Commission Act 247 Review Form and fee
- 4 original Department of Environmental Protection Sewage Planning Modules (if applicable)
- 1 copy Chester County Conservation District Letter of Adequacy (required for erosion & sedimentation pollution control)
- Other related resolutions or previously issued Township approvals
- Act 46 Extension Approval fee (if applicable)
- Pocopson Township Application Fee and Escrow

### TYPE OF APPLICATION:

Please check one:     Subdivision     Lot Consolidation     Commercial  
Please indicate zoning district:     R/A     C1     L1     MHP  
Please check one:     Sketch Plan     Preliminary Plan     Final Plan  
Property \_\_\_\_\_ is \_\_\_\_\_ is not currently part of the Agricultural Security Area.

### APPLICANT INFORMATION:

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
www.pocopson.org

Applicant's interest in the property (owner, lessee, etc.) or relationship to the property owner (attorney, engineer, etc.):

- Legal owner (owner on deed)
- Equitable owner (property under agreement of sale)
- Lessee
- Authorized Agent: \_\_\_ engineer \_\_\_ attorney \_\_\_ architect \_\_\_ other:

Point of Contact for Application

- Check this box if it is the same as Applicant Information above. If different, please complete.

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Tax Parcel Number: 63-\_\_\_\_\_- \_\_\_\_ . \_\_\_\_

Total acreage: \_\_\_\_\_ Amount of acreage to be developed: \_\_\_\_\_

Number of existing lots: \_\_\_\_\_ Number of lots to be created: \_\_\_\_\_

Present use of property:

Proposed use permitted by:

- Right
- Special Exception
- Conditional Use
- Other:



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

## UTILITIES

Water supply:     public             on-site             other  
Sewage disposal:  public             on-site             other

## IMPROVEMENTS TO BE DEDICATED

- Street or right-of-way
- Trail
- Easements
- Other:

We hereby acknowledge that we have read this application and state that the above is correct and agree to comply with all provisions of the Pocopson Township Ordinances applicable to this project and property. Plans may be sent to outside engineering and/or traffic consulting firms and the Township Solicitor's Office to be reviewed for compliance with the Township's Code. By signing this Application, the Applicant agrees to reimburse Pocopson Township for the cost of such reviews. Additional Township reviews may include, but not limited to: Zoning Hearing Board, Historical Committee, Parks, Recreation and Trails Committee, Fire Marshal, and Emergency Management Coordinator. The Applicant will be notified if such reviews are necessary. Members of the reviewing bodies may visit the site while the Application is before them. Before a final approval plan is recorded, the Applicant shall post financial security through a letter of credit or escrow account in an amount sufficient to cover the cost of improvements.

\_\_\_\_\_  
Applicant or Agent for Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant or Agent for Applicant

\_\_\_\_\_  
Date



P.O. Box 1, Pocopson PA 19366  
 Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

## CHECKLISTS

Checklists outline the steps and items needed to insure completeness of the Application and to insure the Application follows the process and conforms to the timeframe outlined by the Commonwealth of Pennsylvania and Pocopson Township. This checklist has two sections: the Application Process Checklist for administrative use by the Applicant and the Review Process Checklist for Township administrative use. **The Application Process Checklist must be completed in its entirety prior to the Application advancing to the Review Process.**

### Application Process Checklist:

Cover Letter
Plans and Electronic Version of the Plan
Completed Township Application Form
Township Application Fee and Escrow Fee Paid
County Act 247 Form and County Fee
Narrative summary of the project and related materials
Stormwater Management Report / Grading Application
Traffic Study or PennDOT permits (if applicable)
Chester County Planning Commission Act 247 Form and Fee
DEP Sewage Planning Modules (if applicable)
Supplementary Studies (traffic, water, historical)

### Review Process Checklist

1. Date Application Received by the Township: \_\_\_\_\_
2. Application Received by: \_\_\_\_\_
3. If Application deemed incomplete, the Applicant notified on: \_\_\_\_\_
4. Date of 1<sup>st</sup> Planning Commission Meeting following complete submission of Application: \_\_\_\_\_
5. Date Sent to Township Engineer: \_\_\_\_\_
6. Date sent to Chester County Planning Commission: \_\_\_\_\_
7. Date sent to Landscape Architect: \_\_\_\_\_
8. Date sent to Township Committee: \_\_\_\_\_
9. Date sent to Fire Marshal and EMC: \_\_\_\_\_
10. Date sent to adjacent property owners: \_\_\_\_\_
11. Other: \_\_\_\_\_
12. Date 90-day Clock Expires from initial submission: \_\_\_\_\_