

**WESTMORELAND COUNTY PLANNING DEPARTMENT
APPLICATION FOR CONSIDERATION OF A SUBDIVISION PLAN
AND/OR LAND DEVELOPMENT PLAN**

For Planning Department Use Only

File Number _____

Date of Receipt _____

Date Review Letter Sent _____

Final Approval Date _____

Complete Submission _____

1. Review Phase (please check one)

Sketch Review

Preliminary Review

Final Review

2. Application Type (check all that apply)

Traditional Subdivision

Non-Residential Land Development

Lot-Line Revision

Consolidation Plan

Residential Land Development

Revised Plan

Side-Lot Addition

3. Plan Name

Plan Date

4. Project Location (street address if different than owner's)

Address

Municipality

5. Name of Property Owner(s)

Address

Source of Title (DBV & Page or Instrument Number)

Tax Map Identification Number

 - - - -

Second Property Owner(s)

Address

Source of Title (DBV & Page or Instrument Number)

Tax Map Identification Number

 - - - -

6. Land Use and Number of Lots and/or Units (indicate answer by number)

- | | |
|---|--|
| <input type="checkbox"/> Single-Family Detached | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Multi-Family Attached | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Other (please specify) <input type="text"/> |

7. Name of Agent (if other than owner)

Address

8. Firm Which Prepared the Plan

Address

Contact Name Phone

9. Zoning District (if applicable)

Is a zoning variance, special exception and/or conditional use approval necessary? (Y/N)

If so, please specify

10. Type of Water Supply Proposed

- | | |
|--|---|
| <input type="checkbox"/> Public Owned Community System | <input type="checkbox"/> Privately Owned Community System |
| <input type="checkbox"/> Private On-Lot Well | |

11. Type of Sanitary Sewage Disposal Proposed

- | | |
|--|---|
| <input type="checkbox"/> Connection to Public System | <input type="checkbox"/> Private Community System |
| <input type="checkbox"/> Individual On-Lot | <input type="checkbox"/> Community On-Lot |
| <input type="checkbox"/> Experimental | |

12. Sewage Facilities Plan Revision Component or Supplement Number

Date Submitted

**WESTMORELAND COUNTY PLANNING DEPARTMENT
APPLICATION FOR MODIFICATION OF REQUIREMENTS
OF SUBDIVISION AND/OR LAND DEVELOPMENT APPLICATION**

For Planning Department Use Only

File Number _____

Date of Receipt _____

Date Review Letter Sent _____

Final Approval Date _____

1. Plan Name

Plan Date

2. Specific Section(s) for which a Modification is Requested

The Proposed Alternative to the Requirement

Justification for the Modification