

TOWNSHIP OF ROSTRAVER – BOARD OF COMMISSIONERS
APPLICATION FOR SIMPLE SUBDIVISION (4 LOTS OR LESS)

Application is hereby made for a Simple Subdivision and the following information is submitted:

1. Owner's Name: _____
 Address: _____ Phone No.: _____
 Email Address: _____ Fax No.: _____

2. Property Information:

Tax Map Number: 56-_____

Deed is recorded in the recorder's office of Westmoreland County at:

Deed Book Vol. _____, Page _____. Tax Map No. _____. Property is presently zoned _____.

A. Scale: Attach one (1) mylar, or linen tracing, and five (5) copies showing the entire proposed subdivision lots. Submit a digital (PDF) format to planning@rostraver.us

18 x 24

3 acres or less - 1 inch = 50 ft.

up to 20 acres - 1 inch = 100 ft.

B. Proposed Use: Subdivision

C. General Description: _____

3. Complete form "Planning Module for Land Development" and have notarized.
 Contact K2 Engineering, Sewage Enforcement Officer, for on-lot sewage – (724) 739-3440.

4. List names and addresses of all adjacent property owners.

	<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

5. Submit \$300.00 for all applications. Make check payable to Rostraver Township.

6. **THE ABOVE ITEMS AND ALL SUPPORTING DOCUMENTS ON THE ATTACHED CHECKLIST MUST BE SUBMITTED TO THE MUNICIPAL OFFICE TWENTY (20) DAYS PRIOR TO THE MONTHLY MEETING. IF ALL DOCUMENTS ARE NOT SUBMITTED TWENTY (20) DAYS PRIOR - YOUR REQUEST WILL NOT BE ON THE BOARD OF COMMISSIONERS AGENDA. MEETINGS ARE HELD ON THE FIRST WEDNESDAY OF EACH MONTH.**

 Owners Signature

 Applicant's Signature, If Different From Owner

 For Office Use Only

Date Received: _____

Fee Received: _____

By: _____

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.

TOWNSHIP OF ROSTRAVER
BOARD OF COMMISSIONERS

SIMPLE SUBDIVISION CHECKLIST
(SUBDIVISIONS OF FOUR LOTS OR FEWER)

Requirements:

All of the following must be COMPLETED at the time of SUBMITTAL. Please note, if ALL THE REQUIREMENTS ARE NOT COMPLETE, YOUR SUBMISSION WILL NOT BE PLACED ON AN AGENDA. Please refer to Subdivision/Land Development Ordinance No. 175 for more specific information.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. A request to waive preliminary approval			
2. One Mylar prepared in waterproof ink, plus five (5) Copies of Plans and one (1) Digital (PDF) copy			
3. Name and seal of the registered professional surveyor who surveyed the property			
4. Applicant's notarized signature on the plan			
5. Name by which the subdivision will be recorded			
6. Location of the municipality, county and state			
7. Name and addresses of the owner or owners			
8. Name and addresses of abutting property owners			
9. North point, date and graphic scale			
10. Location map			
11. Existing land uses shall be shown for the subject property and adjacent land areas			
12. Certification blocks for the appropriate governing and planning bodies			
13. Proposed use of the land, purpose of subdivision			
14. Boundary lines with courses and distances clearly marked			
15. Existing and proposed streets, alleys and/or easements adjacent to the tract			

- 16. All rights-of-way, easements and the purposes for which they are to be established. _____
- 17. Lot lines, dimensions and land are of proposed lots _____
- 18. Building lines _____
- 19. Approval letters from public utilities for water and sewage _____
- 20. If on-lot methods are being used for water and sewage, site investigation and perc test location along with well location _____
- 21. Planning Module approvals as specified by PADEP _____
- 22. Statement by the owner dedication streets, rights-of-ways and site for public use _____
- 23. Description of covenants _____
- 24. Owner's acceptance language of responsibility For providing stormwater drainage facilities _____

Please review this checklist with your surveyor/engineer for completeness, prior to submission. Please note, if ALL THE REQUIREMENTS ARE NOT COMPLETE, YOUR SUBMISSION WILL NOT BE PLACED ON AN AGENDA.

DATE: _____ SUBMITTED BY: _____

ENGINEER/SURVEYING COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____