

# **West Pikeland Township**

1645 Art School Road | Chester Springs PA 19425 westpikeland.com | 610-590-5300 | office@westpikeland.com

#### SUBDIVISION APPLICATION

Name of Subdivision			
Land Owner			
Contact			
Company			
			Zip
Office	Cell	Email	
All Plans and requests must be	e submitted to the Township Se	ecretary at least fourteen (14) days prior t	o the next scheduled meeting

All Plans and requests must be submitted to the Township Secretary at least fourteen (14) days prior to the next scheduled meeting of the Township Planning Commission. Submissions must be complete prior to submission to the West Pikeland Township Planning Commission. Ninety (90) days are allowed under the Municipalities Planning Code for review of subdivision plans. Timing starts at the first meeting of the Township Planning Commission after a complete submission is made with all fees paid and the Planning Commission has formally accepted the plans via a vote of the members.

Please Note: The Subdivision process may begin with an Informal Review of a Sketch Plan with the West Pikeland Township Planning Commission OR with the formal process that requires Preliminary Plans and a series of other steps. The Planning Commission recommends you begin with the Informal Review. You may begin with either.

The informal review of a Sketch Plan does not produce an "approval", as it is not considered an "official submission".

All actions for subdivisions are governed by the West Pikeland Township Subdivision Ordinance, the West Pikeland Township Zoning Ordinance, and the West Pikeland Township Comprehensive Plan. You may review these documents online here: westpikeland.com/ordinances

The Township Ordinances require submission fourteen (14) days prior to the Planning Commission meeting, but it is recommended you submit them at least twenty (21) days to allow forwarding to all review agencies. This will expedite your plan review. The Township Engineer's review comments must be by the Township Planning Commission prior to their review.

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The Commonwealth of Pennsylvania Municipalities Planning Code defines the planning agencies and procedures in the Commonwealth and a copy for office-hour reading is at the Township office or the Commonwealth web page.

You may call or email the Township office with questions at (610) 590-5300 or office@westpikeland.com



Planning Commission meeting.

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## **SUBDIVISION APPLICATION**

Submit seventeen (17) copies of the Sketch Plan to the Township at least fourteen(14) days before the next

#### Informal Sketch Plan Review

	Submit the appropriate fees
	Provide a Written authorization for members and ex-officio members of the Planning Commission and the Township Engineer to walk your property. Please note there may be several property walks performed under this Authorization and you will be notified of the time and dates in advance.
	WEST PIKELAND TOWNSHIP: 1645 Art School Road, Chester Springs, PA 19425 Phone: 610-590-5300 Email: office@westpikeland.com www.westpikeland.com
	Should your development contemplate grading or excavating to change the contours of the land, you must consult with the Chester County Soil and Water Conservation District. The removal of topsoil, trees and vegetation must also be reviewed with them.
of your age	notified that your Sketch Plan will be reviewed by the Planning Commission on a certain date. The specific timenda items cannot be determined in advance. We regret the inconvenience this may cause you and your tives. Please be sure to attend the meeting.
	(10) days following the completion of the Informal Review you and the Board of Supervisors will be notified of relating to your plan in a letter mailed by the West Pikeland Township office.
	Formal Plan Review
	Submit seventeen (17) copies of the Preliminary Plan to the Township at least fourteen (14) days prior to the next Township Planning Commission Meeting.
	Submit the completed Application to the West Pikeland Township office with all required attachments. Incomplete submissions will be refused as the complete package begins the process.
	Submit the appropriate fees.
	Provide a Written authorization for members and ex-officio members of the Planning Commission and the Township Engineer to walk your property. Please note there may be several property walks performed under this Authorization and you will be notified of the time and dates in advance.
	Should your development contemplate grading or excavating to change the contours of the land, you must consult with the Chester County Soil and Water Conservation District. The removal of topsoil, trees and vegetation must also be reviewed with them.

#### SUBDIVISION APPLICATION

The West Pikeland Township office will acknowledge the receipt of the complete package in writing and schedule your subdivision at the next meeting of the West Pikeland Township Planning Commission. You will be notified when your application has been scheduled. The Township regrets they will be unable to provide a specific time for your agenda item. Please be sure to attend the scheduled meeting. The Formal Review process begins with a Vote by the Planning Commission to accept the Complete Package.

The Township administrative staff will, once your complete package has been received, distribute copies to:

Planning Commission
Township Engineer
Chester County Health Department
Penndot (If an exit to Commonwealth roads is planned)
Township Roadmaster
Chester County Conservation District
U. S. Army Corps of Engineers
Pennsylvania Department of Environmental Protection
Chester County Planning Commission

All Reviews must be received from the agencies above before the Township Planning Commission and the Board of Supervisors can unconditionally approve the Subdivision Plan. The Planning Commission, Township Engineer and the Board of Supervisors review all comments from the above organizations.

If the Township Planning Commission approves the Preliminary Plan it is forwarded to the Board of Supervisors for Approval at their next meeting. You must submit seventeen (17) copies of the Formal Plan fourteen (14) days prior to the Board of Supervisors meeting to the township office. You must post financial security or a bond with the Township.

The Board of Supervisors approves the Final Plan and signs the plan. You will receive written notice of approval and signed copies of the plans to be filed with the Chester County Planning Commission.

You have three months from the date of the Board of Supervisors approval to provide three (3) copies of the plan signed by the Chester County Planning Commission and proof of recording the Plan to the Township.

## WEST PIKELAND TOWNSHIP

Subdivision/Land Development Application

For	Township Use				
Date Pd	Received Date				
Date Deemed Complete					

17 sets of: ( ) Completed and signed application form; ( ) Plans as required by the Subdivision and Land Development Ordinance; and ( ) Other related materials as appropriate   4 copies of the Stormwater Management Report (not necessary with sketch plans)     Completed Chester County Planning Commission Act 247 Review Form and Fee   1 copy of the Plan to be submitted to the Chester County Health Department     Discompleted Application and fee with required plans to be submitted to the Chester County Conservation District     Payment of fee (see Schedule of Fees).     Application deadline is 2 weeks prior to the regular meeting of the Planning Commission (usually the 2 <sup>nd</sup> Monday of the month). Applicants will receive a notice confirming that their plans are on the upcoming Planning Commission agenda.     TYPE OF APPLICATION	SUBMISSION REQUIREM	IENTS				
month). Applicants will receive a notice confirming that their plans are on the upcoming Planning Commission agenda.  TYPE OF APPLICATION Check one: Subdivision Lot Line Change Land Development Final Plan  APPLICANT INFORMATION  Property Owner Name: (No. Street) (City, State, Zip)  Phone: (cell) (fax) Email: (No. Street) (City, State, Zip)  Phone: (city, State, Zip)  Phone: (cell) (fax)  Applicant (if other than owner) Name: (City, State, Zip)  Phone: (cell) (fax) Email: (No. Street) (City, State, Zip)  Architect / Engineer / Land Surveyor Name: (No. Street) (No. Street) (City, State, Zip)  Phone: (cell) (fax) Email: (No. Street)	( ) Plans as required by the Subdivision and Land Development Ordinance; and					
Check one: Subdivision Sketch Plan Preliminary Plan Final Development Final Plan  APPLICANT INFORMATION  Property Owner Name: (No. Street) (City, State, Zip) Phone: (cell) (fax)  Applicant (If other than owner) Name: (No. Street) (City, State, Zip) Phone: (cell) (fax)  Applicant (If other than owner) Name: (No. Street) (City, State, Zip) Phone: (cell) (fax)  Architect /Engineer/Land Surveyor Name: (No. Street) (Mo. Street) (City, State, Zip) Phone: (cell) (fax)  Architect /Engineer/Land Surveyor Name: (No. Street) (City, State, Zip) Phone: (cell) (fax)		•	_	_		
Sketch Plan	TYPE OF APPLICATION					
Property Owner         Name:         (No. Street)           Mailing Address:         (City, State, Zip)           Phone:         (cell)         (fax)           Email:         (No. Street)           Applicant (If other than owner)         (No. Street)           Name:         (City, State, Zip)           Phone:         (cell)         (fax)           Email:         (No. Street)           Architect /Engineer/Land Surveyor         Name:         (No. Street)           Mailing Address:         (No. Street)         (City, State, Zip)           Phone:         (cell)         (fax)         (City, State, Zip)	<u> </u>			•	·	
Name:       (No. Street)         Mailing Address:       (City, State, Zip)         Phone:       (cell)       (fax)         Email:       (Street)       (No. Street)         Mailing Address:       (No. Street)       (City, State, Zip)         Phone:       (cell)       (fax)         Email:       (No. Street)       (No. Street)         Mailing Address:       (No. Street)       (City, State, Zip)         Phone:       (cell)       (fax)       (City, State, Zip)	APPLICANT INFORMATION	ON				
Mailing Address:       (No. Street)         Phone:       (cell)       (fax)         Email:       (Sity, State, Zip)         Applicant (If other than owner)       (No. Street)         Name:       (No. Street)         Mailing Address:       (City, State, Zip)         Phone:       (cell)       (fax)         Email:       (No. Street)         Mailing Address:       (No. Street)         (City, State, Zip)       (City, State, Zip)         Phone:       (cell)       (fax)	Property Owner					
City, State, Zip)						
Applicant (If other than owner)           Name:         (No. Street)           Mailing Address:         (No. Street)           Email:         (City, State, Zip)    Architect /Engineer/Land Surveyor  Name:  Mailing Address:  (No. Street) (City, State, Zip)  Phone: (City, State, Zip)  Phone: (City, State, Zip)  Architect /Engineer/Land Surveyor (City, State, Zip)	Mailing Address:				<del></del>	
Name:       (No. Street)         Mailing Address:       (City, State, Zip)         Phone:       (cell)       (fax)         Email:       (No. Street)         Name:       (No. Street)         Mailing Address:       (No. Street)         (City, State, Zip)         Phone:       (cell)       (fax)						
Name:       (No. Street)         Mailing Address:       (City, State, Zip)         Phone:       (cell)       (fax)         Email:       (No. Street)         Name:       (No. Street)         Mailing Address:       (No. Street)         (City, State, Zip)         Phone:       (cell)       (fax)						
Mailing Address: (No. Street) (City, State, Zip)  Phone: (cell) (fax)  Email:  Architect / Engineer/Land Surveyor  Name: (No. Street) (City, State, Zip)  Phone: (cell) (fax)	Applicant (If other than	owner <u>)</u>				
City, State, Zip)   Phone:	Name:					
Phone:	Mailing Address:				(No. Street)	
Name:		(c	ell)	(fax)	(City, State, Zip) 	
Name:	A 1:1 1/E : /:	1.0				
Mailing Address:         (No. Street)           Phone:         (City, State, Zip)		d Surveyor				
Phone:(City, State, Zip)					(No Street)	
Phone:(cell)(fax)	ivialillig Auuless.				;	
	Phone:	(r	 ell)	(fax)	(City, State, Lip)	
			,	(		

Contact for Township Name: Mailing Address:	correspondence					
Mailing Address:		e for this plan:			_	
					_(No. Street)	
Phone:(cell)_						
<b>WEST PIKELAND TON</b> Subdivision/Land Dev		ration				
TRACT DESCRIPTION Location (Street Addr	ess)					
Tax Parcel #				Current Zoning:		
Total Parcel Acreage_			Numb	er of Existing Lots:		
Proposed Number of	Lots to be creat	ed:				
Water Supply:	□On-site	□Other				
Sewage:	□On-site	□Other				
Zoning Action Necess	ary?	No	Yes	□Variance □Conditional Use	☐Special Exception ☐Other	
<ol> <li>The propo</li> <li>Number o</li> </ol>		ite, and if approol	ated and/o	w it will differ from the r proposed developme	existing use. Int of the site; and any variances or	

### WEST PIKELAND TOWNSHIP

Subdivision/Land Development Application

□Stormwater □Sedimentation and Erosic □Other (specify):	Lighting □Con on Control	nservation			
Approvals from outside Agencies: (Attach all docum Pa. Dept. of Environmental Protection		□Approved (Date)			
Date Submitted:	□Required	□Approved (Date)			
Pa. Dept. of Transportation	□Required	□Approved (Date)			
Date Submitted:					
Chester County Conservation District	□Required	□Approved (Date)			
Date Submitted:	·	· · · · · · · · · · · · · · · · · · ·			
Chester County Health Department	□Required	□Approved (Date)			
Date Submitted:					
Other	□Required	□Approved (Date)			
Date Submitted:					
CERTIFICATION  The plan review will include the Township Planning Commission, and if needed, additional review but not limited to: Zoning Hearing Board, Historic Architectural Review Board, and Historic Commission. All members of the reviewing bodies may visit the site while the application is before them.  Plans will be sent to the Township Engineer, and outside traffic consulting firms if needed to be reviewed for compliance with the Township's Subdivision and Land Development Ordinance. By signing this application, the applicant agrees to reimburse West Pikeland Township for the cost of those reviews.  Before the final approval plan is recorded, the Applicant shall post financial security through a letter of credit or escrow account in the amount sufficient to cover the costs of all improvements.					
Applicant Name (printed)  Date	Applic	cant Signature			

Phone: 610-590-5300 Email: office@westpikeland.com www.westpikeland.com

#### Check List for Preliminary/Final Plan

The following check list summarizes the information which must be shown in order for the Subdivision Plan to be reviewed by the Township Planning Commission and the Board of Supervisors. The check list must be completed by the Township Manager or his designee and the applicant at the time of submission, and if incomplete, the plan shall be returned to the applicant noting the deficiencies.

	One copy of the Subdivision Application Form furnished by the Township and the required review fee made payable to "West Pikeland Township".			
	by a registered Surveyor or registered Professional Engineer, clearly			
	. Completed County Referral Form and the required fee for the Chester Coun Planning Commission made payable to "County of Chester".			
4. Six (6) completed and notarized copies of Planning Module. ALL SOILS TESTS (TEST PERCOLATION TEST REPORTS) MUST BE SUBMISSION. All fees relative to site inverse are paid directly to CCHD. Planning Fee attached made payable to "Chester of the ster of the s	PIT SOIL PROFILES AND COMPLETED PRIOR TO estigation and percolation test ing Module must have appropriate			
<ol> <li>A completed "Application for Erosion and Appropriate permits, along with the application Chester County Conservation District for</li> </ol>	ropriate fee, to be forwarded to th	e		
Date Submission Deemed Incomplete		-		
Date Submission Deemed Complete		-		
Signature of Township Manager/designee		_(signature)		
		_(print name)		
Signature of Applicant		_(signature)		
		_(print name)		