



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

LAND DEVELOPMENT PLAN REVIEW APPLICATION

NAME OF PLAN/DEVELOPMENT: _____

OWNER/APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOCATION OF DEVELOPMENT: _____

TAX MAP AND PARCEL NUMBER: _____

TOTAL ACREAGE: _____ TOTAL AREA OF BUILDING: _____

CONTACT PERSON RESPONSIBLE FOR PLAN PREPARATION/PROCESSING:

NAME/COMPANY: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE OF DRAWING: _____

SEWAGE SYSTEM: ON-LOT INDIVIDUAL COMMUNITY OTHER: _____

WATER SYSTEM: PRIVATE PUBLIC SUPPLIER NAME: _____

IS A ZONING VARIANCE, SPECIAL EXCEPTION, CONDITIONAL USE, OR WAIVER APPROVAL
NECESSARY? YES NO

***THE UNDERSIGNED HEREBY REPRESENTS THAT, TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, ALL
INFORMATION LISTED ABOVE IS TRUE, CORRECT, AND COMPLETE.***

APPLICANT SIGNATURE: _____ **DATE:** _____



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LAND DEVELOPMENT PLAN CHECKLIST

- SIGNED AND COMPLETED PLAN REVIEW APPLICATION
 - APPLICATION FEES
- 14 HARD COPIES OF PLAN & 1 ELECTRONIC SUBMISSION OF PLAN
- 3 COPIES OF DEP PLANNING MODULE, INCLUDING SOIL LOG TESTING DATA FOR EACH LOT (IF NECESSARY)
 - SOIL, EROSION, SEDIMENTATION CONTROL PLAN (IF NECESSARY)
 - TRAFFIC IMPACT STUDY (IF NECESSARY)
 - STORMWATER MANAGEMENT PLANS (IF NECESSARY)

INTERNAL USE ONLY

DATE RECEIVED BY TOWNSHIP: _____

PLAN NO.: _____

DEVELOPMENT REVIEW NOTICE SIGNS - PUBLIC WORKS DEPARTMENT:

- POSTING DATE (DUE WITHIN 10 DAYS OF COMPLETED PLAN SUBMISSION)
- SIGN REMOVAL DATE (WITHIN 7 DAYS OF CONDITIONAL APPROVAL BY BOS)