

## TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE: (814) 692-9800

www.halfmoontwp.us

### **APPLICATION SALDO: PUBLIC & PRIVATE STREET ACCESS WAIVER**

#### INSTRUCTIONS FOR

The State of Pennsylvania Municipal Planning Code as well as the Halfmoon Township Subdivision Ordinances, allows under certain conditions, for the Board of Supervisors to grant a waiver of certain subdivision & land development regulations.

The Application as attached must be in writing, state the grounds and facts pertaining to the request for the waiver, and discussed and approved by the governing body. There is no public hearing involved. In addition, all applications for waivers must be reviewed by the Township Planning Commission and Fire Company Representative responsible for firefighting services in that location prior to being placed on the Board of Supervisors regular meeting agenda. Therefore, all Applications for Waiver should be filed with the Township Clerk no later than 14 days prior to a regularly scheduled Board of Supervisors meeting to allow sufficient time for the Planning Commission and Fire Company Representative to review and provide comments.

At the Board of Supervisors' meeting, the Applicant should be prepared to present verbally his grounds and factors as to why the waiver should be granted. Afterwards, Township staff will give their comments and recommendations to the Board of Supervisors. The Board of Supervisors will discuss and make recommendations and/or approval for the waiver.

#### HALFMOON TOWNSHIP PUBLIC & PRIVATE STREET ACCESS WAIVER APPLICATION

Applicant's Name:		-
Address:		_
		_
Subdivision Name:	Location:	_
Property Parcel Number:		<u> </u>
suppression facilities available on the prop	operty and the public or private street involved, s perty, and in the case of a single access or dead- public or private street and providing distances fr ee of the dead-end street.	end street, showing
Describe proposed waiver(s)		
		_



# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE: (814) 692-9800

www.halfmoontwp.us

I intend to show evidence of fire suppression	by using one of the following:	
Automatic Fire Sprinkler System		
Cistern		
Public Water System		
Applicant Signature(s)	Date:	
TO BE COMPLETED BY HALFMOON TOW	NSHIP STAFF:	
Planning Commission Review & Recomme		
	Date:	
Fire Company Review & Comments:		
	Date:	
Board of Supervisors Action:		
Agenda Item Date:		
Waiver Granted		
Waiver Not Granted		
Reason:		