



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

SUBDIVISION PLAN REVIEW APPLICATION

NAME OF SUBDIVISION: _____

OWNER/APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOCATION OF SUBDIVISION: _____

TAX MAP AND PARCEL NUMBER: _____

TOTAL ACREAGE: _____ NUMBER OF LOTS: _____

CONTACT PERSON RESPONSIBLE FOR PLAN PREPARATION/PROCESSING:

NAME/COMPANY: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE CHECK ONE: PRELIMINARY PLAN FINAL PLAN

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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SUBDIVISION 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
 - 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)