

CITY OF NANTICOKE
SUBDIVISION APPLICATION
MAJOR _____ MINOR _____

1. APPLICANT

Name _____

Address _____

Phone _____

2. OWNER OF RECORD

Name _____

Address _____

Phone _____

3. REGISTERED SURVEYOR/ENGINEER

Name _____

Address _____

Phone _____

4. LOCATION/ADDRESS OF PROPERTY TO BE SUBDIVIDED

5. LINEAR DIMENTIONS OF LOT AND TOTAL AREA (SQUARE FEET OR
ACREAGE) OF LOT PRIOR TO SUBDIVISON

6. LINEAR DIMENTIONS OF ACH AND TOTAL SQUARE FOOTAGE OF EACH
LOT TO BE CREATED UPON SUBDIVISION APPROVAL

Lot #1. _____

Lot #2 _____
Lot #3 _____
Lot #4 _____
Lot #5 _____
Lot #6 _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

7. TAX MAP DESCRIPTION: VOLUME _____ PAGE _____

LOT NUMBER _____

8. ZONING DISTRICT _____

9. SEWAGE: LOCATION AND DISTANCE OF NEAREST SANITARY SEWER

10. ATTACH A COPY OF DEP PLANNING MODULE AND DATE OF
SUBMISSION TO DEP. _____

11. ATTACH NARRATIVE REPORT ON NATURE OF PROPOSED
DEVELOPMENT AND INTENDED USE AND DISPOSITION OF
SUBDIVIDED PROPERTY.

12. ATTACH A COPY OF EXISTING DEED DESCRIPTION OF PROPERTY AND
COPIES OF PROPOSED DEED DESCRIPTIONS OF LOTS TO BE CREATED.

13. HAS THE ZONING OFFICER DETERMINED IF THE PROPOSED
SUBDIVISION, IF APPROVED WILL REQUIRE ANY VARIANCES ?
YES _____ NO _____

IF YES, SPECIFY ANY REQUIRED VARIANCES PER THE DECISION OF THE
ZONING OFFICER. _____

14. ARE ANY MODIFICATIONS FROM THE SUBDIVISION AND LAND DEVELOPMENT ORDINANCE REQUESTED ? YES _____ NO _____

IF YES, SPECIFY THE REQUESTED MODIFICATIONS AND SECTIONS AND OR PROVISIONS OF THE ORDINANCE RELATED TO SUCH REQUEST.

15. ATTACH (5) PREFOLDED COPIES OF THE SUBDIVISION PLAN AT A SCALE NO GREATER THAN (1) INCH EQUALS (50) FEET AND SUPPORTING MATERIAL, I.E., SOIL EROSION AND SEDIMENTATION CONTROL PLAN, STORMWATER DRAINAGE PLAN, INCLUDING STORMWATER CALCULATIONS AND A HIGHWAY OCCUPANCY PERMIT (IF APPLICABLE)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO REIMBURSE THE CITY OF NANTICOKE FOR ALL REASONABLE CONSULTING FEES INCURRED FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS AS SO DIRECTED BY THE PLANNING COMMISSION.

SIGNATURE OF APPLICANT/DEVELOPER

DATE

TO BE COMPLETED BY PLANNING COMMISSION

A. City application fee and date received _____

B. County review fee _____

C. Date plan and application were submitted to Luzerne County Planning Commission

D. Date of next scheduled Planning Commission meeting

E. Attach comments and/or recommendations of any consultants to the Planning Commission and Luzerne County Planning Commission

F. Attach copy of approved DEP planning module and SEO report (if applicable)

G. Decision rendered and date of decision by Planning Commission

H. Date of mailing of written notification of decision to applicant

PLANNING COMMISSION MEMBERS

Chairman _____ Date _____

Secretary _____ Date _____

Treasurer _____ Date _____

_____ Date _____

_____ Date _____