

**CITY OF WILKES-BARRE
MINOR SUBDIVISION APPLICATION**

BUREAU OF PLANNING AND ZONING

APPLICATION NO. _____

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 DIMENSTIONS OF LOT AND TOTAL AREA (SQUARE FEET OR
ACREAGE) OF LOT PRIOR TO SUBDIVISION**

6. LINEAR DIMENSIONS OF EACH LOT 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 _____

7. CITY TAX MAP DESCRIPTION:

VOLUME _____ PAGE _____ LOT NUMBER _____

8. ZONING DISTRICT: _____

9. ATTACH NARRATIVE REPORT ON NATURE OF PROPOSED SUBDIVISION AND INTENDED USE AND DISPOSITION OF PROPERTY UPON SUBDIVISION APPROVAL.

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

11. HAS THE ZONING OFFICER REVIEWED THE PROPOSED SUBDIVISION?

☐ YES ☐ NO

HAS THE ZONING OFFICER DETERMINED IF THE PROPOSED SUBDIVISION WILL REQUIRE ANY VARIANCES FROM THE ZONING ORDINANCE?

☐ YES ☐ NO

IF YES, SPECIFY ANY REQUIRED VARIANCES PER THE DECISION OF THE ZONING OFFICER (ATTACH COPY A LETTER FROM ZONING OFFICER).

12. 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 AND THE BASIS OF SUCH REQUEST.

13. ATTACH 15 COPIES OF THE SUBDIVISION APPLICATION, 15 NARRATIVE REPORTS (ITEM # 9) AND 15 PREFOLDED COPIES OF THE SUBDIVISION PLAN AT A SCALE OF ONE (1) INCH EQUALS (10) FEET, ALONG WITH ALL APPLICABLE SUPPORTING MATERIAL, I.E., DER. PLANNING MODULE, SOIL EROSION AND SEDIMENTATION CONTROL PLAN, AND/OR HIGHWAY OCCUPANCY PERMIT.

DISCLAIMER NOTICE

THIS APPLICATION AND ANY RELATED PLANS AND DRAWINGS HAVE NOT BEEN REVIEWED TO DETERMINE ITS COMPLIANCE WITH TITLE III OF THE AMERICANS WITH DISABILITIES ACT OF 1990 (ADA), WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF DISABILITY IN PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES. COMPLIANCE WITH TITLE III OF THIS ACT WITH REGARD TO PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES SHALL BE THE RESPONSIBILITY OF THE APPLICANT AND/OR OWNER.

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 FOR ALL REASONABLE CONSULTING FEES INCURRED FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

REQUIRED ATTENDANCE: THE PARTIES SIGNING ABOVE, OR THEIR DESIGNATED REPRESENTATIVE, MUST ATTEND THE PLANNING COMMISSION MEETING AT WHICH THIS APPLICATION WILL BE CONSIDERED. FAILURE TO DO SO MAY RESULT IN TABLING THE APPLICATION AND/OR ITS DENIAL.

TO BE COMPLETED BY CITY

- 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 THE LUZERNE COUNTY PLANNING COMMISSION.
- F. DECISION AND DATE RENDERED BY PLANNING COMMISSION:
- G. ATTACH COPY OF DER. NOTIFICATION OF APPROVAL OF PLANNING MODULE (IF APPLICABLE).
- H. ATTACH COPY OF PENNDOT APPROVAL OF HIGHWAY OCCUPANCY PERMIT (IF APPLICABLE).
- I. ATTACH COPY OF LUZERNE COUNTY CONSERVATION DISTRICT APPROVAL OF SOIL EROSION AND SEDIMENTATION CONTROL PLAN (IF APPLICABLE).
- J. DATE OF MAILING OF WRITTEN NOTIFICATION OF DECISION TO APPLICANT:
