BOROUGH OF HATFIELD

401 South Main Street Hatfield, PA 19440

(Phone) 215-855-0781 Ext. 107 (Email) code@hatfieldborough.com

SUBDIVISION / LAND DEVELOPMENT APPLICATION

TYPE OF PLAN SUBMISSION:

_____ Preliminary Subdivision

_____ Final Subdivision

_____ Preliminary Land Development

_____ Final Land Development

_____ Sketch Plan

DATE RECEIVED: _____

RECEIVED BY: _____

PC MTG DATE: _____

BC MTG DATE: _____

FEES PAID: _____

PLAN TITLE: _____

PROPERTY LOCATION:

ADDRESS: _____

TAX PARCEL ID: _____

BLOCK: _____ **UNIT:** _____

OWNER:

NAME (AS ON DEED): _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

APPLICANT:

NAME: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

BOROUGH OF HATFIELD

401 South Main Street Hatfield, PA 19440

(Phone) 215-855-0781 Ext. 107 (Email) code@hatfieldborough.com

SUBDIVISION / LAND DEVELOPMENT APPLICATION

PROPOSED DEVELOPMENT: _____

SIZE OF PARCEL(S): _____ **# OF LOTS/UNITS PROPOSED:** _____

ZONING DISTRICT: _____

NARRATIVE PROJECT DESCRIPTION: (SEE ATTACHED PLAN IS INSUFFICIENT)

_____

_____

_____

_____

PLANS PREPARED BY (COMPANY): _____

CONTACT NAME: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

ALL NEW SUBMISSIONS SHALL INCLUDE:

- **20 Copies of Application**
- **20 Copies of Plan**
- **20 Copies of Deed for all subject Properties**
- **2 Electronic Copies of all documents provided**
- **Applicant Request for MCPC Review Application**

ALL SUBMISSIONS MUST BE MADE TO HATFIELD BOROUGH CODES DEPARTMENT.
NO PLANS AT ANY TIME OF THE PROCESS WILL BE ACCEPTED WITHOUT FIRST BEING SUBMITTED IN THIS MANNER.

I hereby certify that the proposed application and subsequent actions or uses are authorized by the owner. As the owner or authorized representative, I agree to comply with all rules, regulations of Hatfield Borough and agree to be responsible for the payment of all engineering and legal fees associated with this application. I further authorize representatives of Hatfield Borough to enter the subject property in order to verify existing conditions I have examined this application, its requirements and to my knowledge and belief, it is a true, correct and complete application

_____	_____	_____
Owner of Record	**Owner Signature**	**Date**
_____	_____	_____
Applicant Name	**Applicant Signature**	**Date**

Relation to Owner: _____

BOROUGH OF HATFIELD

401 South Main Street Hatfield, PA 19440

(Phone) 215-855-0781 Ext. 107 (Email) code@hatfieldborough.com

SUBDIVISION / LAND DEVELOPMENT APPLICATION

Hatfield Borough

Waiver of Time Limitations

To: Hatfield Borough Planning & Zoning Officer
Hatfield Borough Manager
Hatfield Borough Council
Hatfield Borough Planning Commission
Hatfield Borough Solicitor

RE: Name of Subdivision/ Land Development _____

Address: _____

WE/I _____, the Applicant or the Applicant's attorney, do hereby waiver the requirements of the Pennsylvania Municipalities Planning Code for a decision on our land development/subdivision application of a decision within 90 (ninety) days under Section 508 of the Pennsylvania Municipalities Planning Code. We understand that we may revoke this waiver by giving the Borough Manager and Solicitor 60 (sixty) days written notice of our intention to do so. I hereby certify that I am authorized to sign this waiver on behalf of the applicant.

_____	_____	_____
Owner of Record	**Owner Signature**	**Date**
_____	_____	_____
Applicant Name	**Applicant Signature**	**Date**

Relation to Owner: _____

_____
Address

_____
Telephone

_____
Email Address

Applicant Request for County Review

This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.

MONTGOMERY COUNTY PLANNING COMMISSION
MCPC
P.O. Box 311, Norristown, PA 19404-0311
Phone: 610-278-3722
Business Hours: 8:30 A.M. to 4:15 P.M.
www.planning.montcopa.org

Date: _____
Municipality: _____

Proposal Name: _____

Applicant Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Applicant's Representative: _____
Address: _____
_____
City/State/Zip: _____
Business Phone (required): _____
Business Email (required): _____

Type of Review Requested:

(Check All Appropriate Boxes)

- ☐ Land Development Plan
- ☐ Subdivision Plan
- ☐ Residential Lot Line Change
- ☐ Nonresidential Lot Line Change
- ☐ Zoning Ordinance Amendment
- ☐ Zoning Map Amendment
- ☐ Subdivision Ordinance Amendment
- ☐ Curative Amendment
- ☐ Comprehensive / Other Plan
- ☐ Conditional Use
- ☐ Special Review*

**(Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

Type of Plan:

- ☐ Tentative (Sketch)
- ☐ Preliminary / Final

Type of Submission:

- ☐ New Proposal
- ☐ Resubmission*

** A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

Zoning:

Existing District: _____
Special Exception Granted ☐ Yes ☐ No
Variance Granted ☐ Yes ☐ No For _____
_____

Plan Information:

Tax Parcel Number(s) _____
_____
_____
_____

Location *(address or frontage)* _____
Nearest Cross Street _____
Total Tract Area _____
Total Tract Area Impacted By Development _____

(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)

Land Use(s)	Number of New Lots	Number of New Units	Senior Housing Yes	Senior Housing No	Open Space Acres*	Nonresidential New Square Feet
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

**Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information: _____
_____
_____
_____