

SUBDIVISION AND LAND DEVELOPMENT

Form 3A
Application for Review of Land Development Plan

Application is hereby made for review of the land development plan submitted herewith and more particularly described below:

1. Name of land development: _____ Plan dated: _____
2. Source of Title:
Berks County Deed Book No.: _____ Page No.: _____
3. Name of applicant(s): _____
Address: _____
_____ Phone No.: _____
4. Name of property owner(s): _____
(If other than applicant)
Address: _____
_____ Phone No.: _____
5. Applicant's interest, if other than owner: _____
6. Engineer or surveyor responsible for plan: _____
Address: _____
_____ Phone No.: _____
7. Acreage being subdivided: _____ Number of lots: _____
8. Acreage of adjoining land in same ownership (if any): _____
9. Minimum lot size proposed: _____
10. Lot use proposed:
_____ Single-family
_____ Multifamily
_____ Commercial
_____ Industrial
_____ Other (specify)
11. Will construction of buildings be undertaken immediately?
_____ Yes
_____ No
By whom: _____ Owner
_____ Other developers
12. Type of water supply planned: _____ Public system
_____ Individual well
13. Type of sanitary sewage disposal planned: _____ Public system
_____ Individual on-site

14. Type of off-street parking proposed:

- Garages
- Driveways
- Other (specify)

15. Linear feet of new streets planned: _____

16. Are all streets proposed for dedication? Yes

No

17. Deed restrictions that apply or are contemplated (if no restrictions, state "none"; if "yes," attach copy):

18. Acreage proposed for parks or other public use: _____

19. Zoning classification: _____

20. Have appropriate public utilities been consulted? Yes

No

21. List proposed improvements and utilities and intentions to install or post improvements guaranty prior to final endorsement by the borough.

Improvement

Intention

- 1.
- 2.
- 3.
- 4.
- 5.

22. List of maps and other documents accompanying application and number of each:

Item

Number

- a.
- b.
- c.
- d.
- e.
- f.
- g.

23. Request to have this plan reviewed as a final plan submittal?

Yes

No

Date: _____ Signature of applicant: _____

Final plan review request approved? Yes No Date: _____