

**MUHLENBERG TOWNSHIP, BERKS COUNTY, PENNSYLVANIA  
SUBDIVISION / LAND DEVELOPMENT PLAN APPLICATION**

APPLICATION / DEVELOPMENT NAME: _____	
DATE OF APPLICATION: _____	APPLICATION # _____
LOCATION OF PROPERTY: _____	
TAX PARCEL ID NUMBER: _____	ZONING DISTRICT: _____

TYPE OF SUBMISSION:	HISTORY OF SUBMISSION:
_____ SKETCH PLAN	_____ NEW SUBMISSION
_____ PRELIMINARY PLAN	_____ REVISED APPLICATION
_____ FINAL PLAN	_____ PHASED DEVELOPMENT
_____ REVISED PLAN OF RECORD	_____ REVISED PLAN OF RECORD
_____ OTHER	_____ OTHER

APPLICANT'S NAME: _____	
MAILING ADDRESS: _____	
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	

OWNER OF RECORD: _____	
MAILING ADDRESS: _____	
PHONE NUMBER: _____	FAX NUMBER: _____

APPLICANT'S CONSULTANT: _____	
MAILING ADDRESS: _____	
PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL ADDRESS: _____	
CONTACT PERSON: _____	

PROPOSED LAND USE (X)	SPECIFIC TYPE OF USE, AS DEFINED BY MUHLENBERG	TOTAL NUMBER OF LOTS / UNITS	TOTAL SQ. FOOTAGE OF NON-RESID. BUILDINGS
AGRICULTURAL			
CONSERVATION			
RESIDENTIAL			
COMMERCIAL			
INDUSTRIAL			
INSTITUTIONAL			
MUNICIPAL			
OTHER			

TOTAL LAND AREA (ACRES): \_\_\_\_\_ RESIDENTIAL DENSITY: \_\_\_\_\_

TOTAL LAND AREA BEING DEVELOPED: \_\_\_\_\_ TOTAL PHASES: \_\_\_\_\_

TOTAL LENGTH OF NEW ROADS (LINEAR FEET): \_\_\_\_\_

PROPOSED METHOD OF SEWAGE DISPOSAL: \_\_\_\_\_

PROPOSED METHOD OF WATER SUPPLY: \_\_\_\_\_

THE APPLICANT SHALL ANSWER THE FOLLOWING QUESTIONS WITH A YES, NO OR N/A RESPONSE. THE APPLICANT IS ADVISED TO REVIEW THE MUHLENBERG TWP. CODE AND CONFER WITH THEIR PROFESSIONAL CONSULTANTS OR REPRESENTATIVES PRIOR TO ANSWERING EACH QUESTION.

DOES THIS APPLICATION COMPLY WITH CHAPTER 154 OF THE MUHLENBERG TOWNSHIP CODE? \_\_\_\_\_

WILL A ZONING VARIANCE, SPECIAL EXCEPTION OR CONDITIONAL USE APPLICATION BE REQUIRED TO PERMIT THE PROPOSED USE PRIOR TO THE APPROVAL OF THIS PLAN? \_\_\_\_\_

HAS THERE BEEN ANY SPECIAL ZONING RELIEF GRANTED FOR THIS SITE IN THE PAST? \_\_\_\_\_

DOES THIS APPLICATION COMPLY WITH CHAPTER 128 OF THE MUHLENBERG TWP. CODE? \_\_\_\_\_

WILL ANY WAIVERS BE REQUESTED OF THE REQUIREMENTS OF CHAPTER 128? \_\_\_\_\_

HAVE ALL UTILITY COMPANIES BEEN NOTIFIED REGARDING SERVICE OR CONFLICTS? \_\_\_\_\_

WILL A HOME OWNERS ASSOCIATION BE CREATED AS A RESULT OF THIS PROJECT? \_\_\_\_\_

ARE THE PROPOSED STREETS TO BE DEDICATED TO MUHLENBERG TOWNSHIP? \_\_\_\_\_

HAS A TRAFFIC IMPACT STUDY BEEN PREPARED AND SUBMITTED WITH THIS PLAN? \_\_\_\_\_

HAS AN ENVIRONMENTAL ASSESSMENT REPORT BEEN SUBMITTED WITH THIS PLAN? \_\_\_\_\_

HAS A STORMWATER MANAGEMENT PLAN/REPORT BEEN SUBMITTED WITH THIS PLAN? \_\_\_\_\_

HAS AN EROSION AND SEDIMENTATION CONTROL PLAN BEEN SUBMITTED WITH THIS PLAN? \_\_\_\_\_

DOES THE PLAN COMPLY WITH THE REQUIREMENTS FOR CARBONATE GEOLOGY? \_\_\_\_\_

COMPLETE SETS OF PLANS INCLUDING THE APPLICATIONS AND ALL SUPPLEMENTAL DOCUMENTS SHALL BE SUBMITTED TO MUHLENBERG TOWNSHIP IN ACCORDANCE WITH CHAPTER 128 OF THE MUHLENBERG TOWNSHIP CODE, AS ADOPTED BY THE MUHLENBERG TOWNSHIP BOARD OF COMMISSIONERS. THE FOLLOWING INFORMATION HAS BEEN SUBMITTED WITH THIS APPLICATION:

TITLE OF SUBMISSION AND DESCRIPTION CONTENTS	COPIES	REFERENCE NUMBER	DATE

I \_\_\_\_\_ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY MUHLENBERG TOWNSHIP. TO THE BEST OF MY ACKNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS CORRECT AND COMPLETE. FURTHER, I HEREBY AGREE TO THE FOLLOWING SPECIFIC TERMS AND CONDITIONS:

- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF MUHLENBERG TOWNSHIP TO ENTER THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE APPLICATION IS BEING REVIEWED AND CONSIDERED BY MUHLENBERG TOWNSHIP.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
- (3) I HEREBY AGREE TO COMPLY WITH THE MUHLENBERG TOWNSHIP CODE.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

**FOR MUNICIPAL USE ONLY**

**AUTHORIZED STAFF MEMBER:** \_\_\_\_\_

APPLICATION NAME: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

SUBMISSION DATE: \_\_\_\_\_ SUBMISSION NUMBER: \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

BERKS COUNTY PC FEE: \_\_\_\_\_ OTHER APPLICATION FEES: \_\_\_\_\_

TENTATIVE DATE APPLICATION WILL BE REVIEWED BY THE PLANNING COMMISSION: \_\_\_\_\_

APPLICATION COMPLETENESS REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_