FOSTER TOWNSHIP
1540 SUNBURY ROAD, POTTSVILLE, PA 17901 | 570-544-4137
www.fostertwp.org

APPENDIX B

FOSTER TOWNSHIP SUBDIVISION REGULATIONS
APPLICATION FOR SUBDIVISION PLAN APPROVAL

1. NAME OF SUBDIVISION: _____

2. NAME & ADDRESS OF PROPERTY OWNER(S):

   _____
   _____
   _____

3. NAME & ADDRESS OF DEVELOPER/APPLICANT:
   (If Other Than Owner) _____

   _____
   _____

4. LOCATION OF SUBDIVISION:

   _____
   Street Address (If Any)

   _____
   Tax Map No. Parcel No.

   _____
   Deed Book No. Page No.

5. NAME & ADDRESS OF PROFESSIONAL
   RESPONSIBLE FOR THE PLAN:

   _____
   Company Name

   _____
   Contact Person

   _____
   Mailing Address

   _____
   Telephone No.

   _____
   Email

6. TOTAL ACREAGE TO BE SUBDIVIDED _____ACRES

7. NUMBER OF LOTS PROPOSED (including residue): _____

8. NUMBER OF LOTS TO BE DEVELOPED: _____

9. TYPE OF DEVELOPMENT: ☐ SINGLE FAMILY
   (Check Applicable Box(s)) ☐ MULTI-FAMILY (TOWNHOUSE)

- ☐ COMMERCIAL
- ☐ INDUSTRIAL
- ☐ NOT FOR DEVELOPMENT
- ☐ ANNEXATION
- ☐ OTHER (SPECIFY)

_____

_____

10. TYPE OF WATER SYSTEM:
(Check Applicable Box(s))

	Existing	Proposed
PUBLIC (MUNICIPAL) SYSTEM	☐	☐
SEMI-PUBLIC (COMMUNITY) SYSTEM	☐	☐
INDIVIDUAL ON-SITE	☐	☐

11. TYPE OF SANITARY SEWER SYSTEM:
(Check Applicable Box(s))

	Existing	Proposed
PUBLIC (MUNICIPAL) SYSTEM	☐	☐
SEMI-PUBLIC (COMMUNITY) SYSTEM	☐	☐
INDIVIDUAL ON-SITE	☐	☐

12. ZONING CLASSIFICATION:_____

13. PROPOSED IMPROVEMENTS, IF ANY:
(Check Applicable Box(s))

- ☐ STREETS
- ☐ WATER SYSTEM
- ☐ SANITARY SEWER SYSTEM
- ☐ STORMWATER SYSTEM
- ☐ SIDEWALKS/CURBS
- ☐ OTHER UTILITIES
- ☐ NOT APPLICABLE

14. ATTACHMENTS AND ENCLOSURES:

- ☐ APPENDIX B-APPLICATION FOR SUBDIVISION PLAN APPROVAL
- ☐ SUBDIVISION PLAN (8 COPIES)
- ☐ APPENDIX C.1 BOUNDARY LINE ADJUSTMENT CHECKLIST
- ☐ APPENDIX C.2 MINOR SUBDIVISION FINAL PLAN CHECKLIST
- ☐ APPENDIX C.3 MAJOR SUBDIVISION PRELIMINARY PLAN CHECKLIST
- ☐ APPENDIX C.4 MAJOR SUBDIVISION FINAL PLAN CHECKLIST

☐ DEED RESTRICTIONS (IF ANY)

☐ IMPROVEMENT AGREEMENTS (IF ANY)

☐ OTHER (SPECIFY)

_____

_____

15. CERTIFICATION: THE UNDERSIGNED HEREBY REPRESENTS THAT TO THE BEST OF HIS (THEIR) KNOWLEDGE AND BELIEF, ALL INFORMATION LISTED AND ATTACHED HERETO IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF OWNER(S) OR APPLICANT(S)

_____

_____

_____

_____

DATE

APPENDIX B - APPLICATION FOR SUBDIVISION PLAN APPROVAL

FOR TOWNSHIP USE ONLY

1. RECEIVED BY PLANNING COMMISSION: _____
Date

_____
Fee Paid

_____
Secretary Signature

2. REVIEWED BY PLANNING COMMISSION: _____
Date

3. PLANNING COMMISSION ACTION:

_____ Approved
Date

_____ Approved Subject to the Following Modifications:
Date
_____
_____
_____
_____
_____
_____
_____

_____ Disapproved for the Following Reasons:
Date
_____
_____
_____
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_____
_____

ATTEST:

_____ _____
Secretary Chairperson, Township Planning Commission

4. REVIEWED BY BOARD OF SUPERVISORS: _____
Date

5. BOARD OF SUPERVISORS ACTION:

_____ Approved
Date

_____ Approved Subject to the Following Modifications:
Date
_____
_____
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_____

_____ Disapproved for the Following Reasons:
Date
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ATTEST:

_____ _____
Secretary Chairperson, Township Planning Commission