



LIBERTY TOWNSHIP
 39 TOPPER ROAD
 FAIRFIELD, PENNSYLVANIA 17320
 Office: (717) 642-3780 Fax: (717) 642-5307

APPLICATION FOR PLANNING COMMISSION REVIEW

APPLICATION DATE: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PARCEL #: _____

DESCRIPTION OF REQUEST: _____

TYPE OF REVIEW REQUESTED

- _____ Subdivision _____ *Minor* _____ *Major*
- _____ Land Development Plan
- _____ Lot Addition
- _____ Sketch Plan _____ Preliminary _____ Final
- _____ StormWater Plan Review

Liberty Township, Adams County, PA
 Subdivision & Land Development Plan Completeness Review Checklist

Plan Name: _____ Date: _____

Developer: _____

Prepared by: _____

Preliminary Plan Final Plan

NOTE: *P: Indicates preliminary Plan Requirements, F: Indicates Final Plan Requirement*

1. **Complete** Completed application signed by the owner or owner's agent (*this form*)
 Incomplete (P: 302.1.A) (F:304.1)
 Not Applicable

2. **Complete** Correct application fee.
 Incomplete (P: 302.D) (F:304.1)
 Not Applicable

3. **Complete** The Cover Sheet must include (at a minimum) the following:
 Incomplete - Site Location Map (P: 303.1.A.9) (F:304.1)
 Not Applicable - Signature Blocks (P: 303) (F:305.1.A.4)

4. **Complete** Stormwater Management Plan and Report
 Incomplete (P: 303.2.A.7) (F:305.1.A.12)
 Not Applicable

5. **Complete** Sanitary Sewage Facilities Planning Module.
 Incomplete (P: 303.2.A.1) (F:305.1.A.14)
 Not Applicable

6. **Complete** Ownership acknowledgement box
 Incomplete (P: 303.1.A.16) (F:305.1.A.3)
 Not Applicable

7. **Complete** Where public water and/or sewage services are to be provided,
 Incomplete acknowledgement in writing from the appropriate agency that
 Not Applicable serves the proposed development.
(P: 303.2.A.16) (F:304.1.A.3)

8. **Complete** Any supplemental information (if applicable):
 Incomplete (P: 303.B)
 Not Applicable

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT AND DATE

TWP USE ONLY

DATE DEPOSIT RECEIVED _____ AMOUNT \$ _____ CHECK # _____

SUBMISSION DATE: _____ BOARD OF SUPERVISORS: _____

PLANNING COMMISSION: _____ DECISION DUE: _____

UPDATED 2018