

MUNICIPAL REQUEST FOR REVIEW

(To be filled out by Municipality)

Subdivision/Land Development Proposal or Ordinance Amendment Pursuant to the Pennsylvania Municipalities Planning Code

Please print or type information. DO NOT omit any item. If information is unknown or not applicable, indicate with NA.

Municipality: WORCESTER TOWNSHIP Date: 6/30/06
 Municipal Official's Name: EDNICE KRIEBEL
 Position: ACTING TOWNSHIP MANAGER
 Development Name: WORCESTER TOWNSHIP 4-LOT
 Applicant Name: WORCESTER TOWNSHIP
 Applicant Address: 1721 VALLEY FORGE RD.
WORCESTER PA Zip Code: 19470
 Applicant Representative: JOSEPH NOLAN
 Phone (during business hours): 215-340-0600

MEETING DATES	
(Municipal Use Only)	
Proposals to be discussed by:	
Municipal Planning Commission:	Date: <u>4TH TH</u>
Governing Body:	Date: <u>3RD W</u>
Other:	Date: _____
<input type="checkbox"/> No Meeting Scheduled	

REVIEW FEE: \$

- Fee Attached
 Fee Under Separate Cover
 Fee Not Applicable

1. MUNICIPAL PLAN NUMBER: _____
 MCPC NUMBER (If Known): _____
 Parcel # or Block and Unit #: _____

2. TYPE OF REVIEW REQUESTED

(Check all appropriate boxes)

- Subdivision Plan
 Land Development Plan
 Zoning Ordinance or Map Amendment
 Curative Amendment
 Other: _____

3. TYPE OF PLAN

- Tentative (Sketch)
 Preliminary
 Final

4. TYPE OF SUBMISSION

- New Proposal
 Revision to Prior Proposal
 Phase of Prior Proposal

5. TRACT AREA: Acres: 15.31

6. NEW NON-RES. FLOOR AREA: Sq. Ft.: _____

7. ZONING (Name Districts)

- Existing District LPD
 Proposed District
 Special Exception: Granted Yes No
 Variance For: _____
Granted Yes No

8. INTENDED LAND USE(S)

	Number of	Lots	Units	Bldgs
<input type="checkbox"/> Residential:		<u>3</u>	_____	_____
<input type="checkbox"/> Commercial:		_____	_____	_____
<input type="checkbox"/> Industrial:		_____	_____	_____
<input type="checkbox"/> Office:		_____	_____	_____
<input type="checkbox"/> Other:		_____	_____	_____

(Use Additional Information below)

9. TENURE

- Sale Condominium
 Rent Unknown

10. UTILITIES

Type	Water	Sewer
Central	<input type="checkbox"/>	<input type="checkbox"/>
On-Site	<input type="checkbox"/>	<input type="checkbox"/>
Package	<input type="checkbox"/>	<input type="checkbox"/>
Capacity		
Available	<input type="checkbox"/>	<input type="checkbox"/>
Not Available	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION: _____

