



Application for Change of Use Plan Review

A. Application is hereby made for approval by the Board of Commissioners for the attached Change of Use Plan; submitted in accordance with the regulations of Chapter 212 of the Upper Dublin Township Code (13 folded copies are to be submitted with this application)

NOTE: Please print all answers legibly.

B. Name of Change of Use Plan: _____

Plan Date: _____ Location: _____

Tax Plat Block: _____ Unit: _____

C. Name of Owner (print/type): _____

If a corporation, list two officers: _____

Address: _____

Phone #: _____ Fax # _____ E-mail: _____

D. Name of Applicant: _____

If a corporation, list two officers: _____

Address: _____

Phone #: _____ Fax # _____ E-mail: _____

E. Name of Engineer, Surveyor, or Planner responsible for the preparation of plan:

Address: _____

Phone#: _____ Fax # _____ E-mail: _____

F. Existing Zoning Classification: _____

Total Acreage: _____ # of Lots: _____

Sewerage: Public:

Water Public:

Private:

Private:

G. Does this application meet all of requirements of the Zoning Ordinance and Subdivision and Land Development Ordinance? Yes No
(If "No" attach a list of waivers, variances and/or special exceptions required).

H. Is the property subject to any encumbrances, deed restrictions, etc.? Yes No
If "Yes" attach a copy.

I. List additional material submitted with this application:

1. _____
2. _____
3. _____
4. _____
5. _____

J. Fee Schedule (non-refundable)

Checks shall be made payable to "Upper Dublin Township"

Application Fee \$300.00

K. Escrow Fund

The escrow fund shall be applied to the Township's professional consulting expenses with the balance refunded. Checks shall be made payable to "Upper Dublin Township."

Non Residential plans: \$2,000.00 + \$400.00 per disturbed acre or portion thereof.

L. Escrow Fund submitted herewith: \$ _____

As soon as this escrow account decreases by fifty percent (50%) the applicant shall make payments in an amount necessary to fully fund the account. Upon the approval of the Change of Use Plan by the Board of Commissioners, and the payment of all expenses incurred by the Township, the balance of the escrow accounts shall be refunded to the applicant. Money held in escrow will not be returned until all invoices have been received and paid by the escrow account.

M. Signature:

The undersigned represents that to the best of his/her knowledge and belief, all the above statements are true, correct and complete. By filing this application you are hereby granting permission to Township officials and their designees to visit, photograph or video the site for plan review purposes.

The applicant does does not waive the ninety day time period required under Act 247 of the Commonwealth of Pennsylvania within which Upper Dublin Township is either to approve or disapprove this Plan.

In the event the applicant wishes to have the review by the Township discontinued, he will notify the Township immediately, in writing, and processing of the review will be terminated upon receipt of such written notification to the Township, it being understood that all bills accrued to date of termination will be paid from the escrow fund with the balance, if any, returned to the applicant.

NOTE: A Montgomery County Planning Commission review fee is also required with this application if a fee has not been previously paid.

Date

Signature of Applicant (indicate whether Owner or Authorized Agent)

Upper Dublin Township

Checked for Completeness and
Received for Review on: _____

U.D. Ref. No. _____

Date of Distribution: _____

Received By: _____

Ninety Day Time Period Ends: _____