



# TENTATIVE SKETCH REVIEW APPLICATION

**\*\*PRINT/TYPE ALL INFORMATION:**

SUBDIVISION / LAND DEVELOPMENT			
Name of Subdivision / Land Development:			
Plan Date:	Location:		
Street Address:			
Parcel Number:	Block:	Unit:	
APPLICANT			
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Equitable Owner <input type="checkbox"/> Authorized Agent			
Name:			
Address:			
Phone:	Cell:	Fax and/or E-mail:	
EXISTING ZONING			
Classification:		Total Acreage:	
Number of Lots:		Number of Dwelling Units:	
SEWERAGE		WATER	
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Private
SUBMITTALS			
Application is hereby made for a review by the Upper Dublin Township staff of the attached Tentative Sketch submitted in accordance with the regulations of Section 212-42 of the Upper Dublin Township Code (fifteen (15) copies are to be submitted with this application).			
Does this application meet all of the requirements of the <i>Zoning Ordinance and Subdivision and Land Development Ordinance</i> ?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If "No", attach a list of waivers, variances and / or special exceptions required.			
Sketch review fee submitted herewith: \$250 (non-refundable) payable to: <i>Upper Dublin Township</i>			
ACKNOWLEDGEMENT AND SIGNATURE			
The undersigned acknowledges that the Tentative Sketch is to be used only as a basis of informal discussions between representatives of the Township and the Applicant and is not to be considered as a Preliminary Plan in accordance with Act 247, The Municipalities Planning Code. By filing this application, you are hereby granting permission to Township officials and their designees to visit <b>and photograph</b> the site for plan review purposes.			
Signature of Applicant:			Date:

**OFFICE USE ONLY:**

Checked for completeness and received for review on:	Upper Dublin reference number:
Date of distribution:	Received by: