

**APPLICATION FOR CONSIDERATION OF A SUBDIVISION and/or LAND DEVELOPMENT PLAN**

1 N. High St  
Selinsgrove, PA 17870

**Borough of Selinsgrove**

Ph: 570-374-2311  
F: 570-374-8902

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The undersigned hereby applies for approval under the Borough of Selinsgrove Subdivision and Land Development Ordinance for the Plan, submitted herewith and described below:

1. Plan Name: \_\_\_\_\_  
Plan No: \_\_\_\_\_ Plan Date: \_\_\_\_\_
2. Project Location: \_\_\_\_\_
3. Name of Property Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Land Use and Number of Lots and/or Units (indicate answer by number of lots or units):  
 Single Family (Detached)  Commercial  
 Multi-Family (Attached-Sale)  Industrial  
 Multi-Family (Attached-Rental)  Other (please specify)  
 Institutional
5. Total Acreage: \_\_\_\_\_
6. Application Classification:  
 Sketch Plan Review  Revised Preliminary Plan  
 Preliminary Plan  Revised Final Plan  
 Final Plan
7. Name of Applicant (if other than owner): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
8. Firm Which Prepared Plan: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Person Responsible for Plan: \_\_\_\_\_
9. Is a Zoning Variance, Special Exception, or Conditional Use Necessary?  If yes, please specify:  
\_\_\_\_\_
10. Lineal Feet of New Street (if applicable): \_\_\_\_\_
11. Stormwater Management Plan Submission Date (if applicable): \_\_\_\_\_

Per the most recent update to Pennsylvania’s Sunshine Act (Open Meetings Law), all information discussed at a meeting is required to be placed on the official agenda and made available to the public prior to the meeting. For this reason, no additional documentation or evidence is able to be provided at meetings. If additional documentation is necessary, the Planning Commission will either call for executive session to review the materials or will recess the meeting to a later date. Associated costs will be the responsibility of the applicant.

The undersigned hereby represents that, to the best of his/her knowledge and belief, all information listed above is true, correct, and complete.

Date: \_\_\_\_\_  
Signature of Landowner or Applicant

Revision Date: \_\_\_\_\_  
Signature of Landowner or Applicant:

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**FOR OFFICE USE ONLY:**

Plan Number (from County Recorder's Office): \_\_\_\_\_

Date of Receipt/Filing: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Date of Planning Commission Approval: \_\_\_\_\_

Date of Final Approval from Borough Council: \_\_\_\_\_