

Elizabeth Township Subdivision and Land Development Application
522 Rock Run Road ~ Elizabeth, PA 15037
Phone: 412-751-2880 ~ Fax: 412-751-6002

<i>Date application received:</i>	<i>Date application accepted as completed:</i>	<i>PLC NO:</i>
-----------------------------------	--	----------------

**SUBMIT 12 FULL-SIZE COPIES OF APPLICATION & ALL SUPPORTING DOCUMENTS WITH REQUIRED FEES.
ORIGINAL APPLICATION MUST BE NOTARIZED.**

ALL APPLICANTS MUST COMPLETE THIS SECTION IN ITS ENTIRETY.

<i>Plan Name or Project Title:</i>	<i>Block/Lot(s):</i>	<i>Zoning District:</i>
------------------------------------	----------------------	-------------------------

Property Address & Location:

***Applicant's Name:**

<i>Mailing Address:</i>	<i>City/State:</i>	<i>Zip:</i>
-------------------------	--------------------	-------------

<i>Phone:</i>	<i>Cell:</i>	<i>Fax:</i>	<i>Email:</i>
---------------	--------------	-------------	---------------

Landowner's Name:

<i>Mailing Address:</i>	<i>City/State:</i>	<i>Zip:</i>
-------------------------	--------------------	-------------

<i>Phone:</i>	<i>Cell:</i>	<i>Fax:</i>	<i>Email:</i>
---------------	--------------	-------------	---------------

Developer's Name:

<i>Mailing Address:</i>	<i>City/State:</i>	<i>Zip:</i>
-------------------------	--------------------	-------------

<i>Phone:</i>	<i>Cell:</i>	<i>Fax:</i>	<i>Email:</i>
---------------	--------------	-------------	---------------

Engineer/Surveyor's Name:

<i>Mailing Address:</i>	<i>City/State:</i>	<i>Zip:</i>
-------------------------	--------------------	-------------

<i>Phone:</i>	<i>Cell:</i>	<i>Fax:</i>	<i>Email:</i>
---------------	--------------	-------------	---------------

Architect's Name:

<i>Mailing Address:</i>	<i>City/State:</i>	<i>Zip:</i>
-------------------------	--------------------	-------------

<i>Phone:</i>	<i>Cell:</i>	<i>Fax:</i>	<i>Email:</i>
---------------	--------------	-------------	---------------

Existing Use of Property/Structure:

Proposed Use of Property/Structure:

<i>Is site located within the identified flood plain area?</i>	<i>FEMA (Panel) Map Number:</i>	<i>Watershed Name:</i>
--	---------------------------------	------------------------

Description of Project (Including a list of variances or modifications necessary to complete project/subdivision as submitted):

<i>Total Acreage:</i>	<i>Disturbed Acreage:</i>	<i>No. Lots/Units Proposed:</i>
-----------------------	---------------------------	---------------------------------

***If APPLICANT is other than the current owners of record, signed evidence of authorization designating the applicant to represent and act on behalf of the actual landowner(s) is required to be submitted with this application. This evidence of authorization must be notarized letter. In addition, the letter must state that the landowners acknowledge that under current Township Ordinances that the applicant is responsible for any and all review, engineering and other fees invoiced by Elizabeth Township. These may exceed the stated amounts shown in the Fee Resolution.**

INDICATE TYPE OF APPLICATION (Check as many as applicable and indicate fee):

<input type="checkbox"/> Land Development	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Subdivision – Preliminary	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Subdivision – Final	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Subdivision of Previously Recorded Plan	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$

Name of Previously Recorded Plan:

<input type="checkbox"/> Minor Subdivision	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Planned Residential Development Tentative Approval	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Planned Residential Final Approval	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Conditional Use	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Re-Zoning From: To:	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$
<input type="checkbox"/> Public Hearing Required?	Application Fee:	Ck #	\$
	Escrow Fee:	Ck #	\$

FOR PRD'S AND SUBDIVISIONS

Average Lot Size:	Average Lot Frontage (ft.):	Linear Ft. New Streets (ft.):
-------------------	-----------------------------	-------------------------------

FOR CONDITIONAL USE

Section of Code under which Conditional Use is sought and grounds upon which it is requested (use additional pages if needed):

TO BE COMPLETED BY ALL APPLICANTS.

Applicant, by being duly sworn, says he/she is:

- The owner of the property in question.
- The authorized agent for the owner of record of the property for which the application is made. The owner's signed and notarized authorization to his/her agent to act on owner's behalf is required to be submitted.

All information provided on and with this application is true and correct to the best of my knowledge or belief.

INDIVIDUAL APPLICANT (PRINT NAME): _____

Signature of Individual

Signature of Individual

PARTNERSHIP APPLICANT (PRINT NAME): _____

By: _____
Signature of Partner

Printed Partner Name

By: _____
Signature

Printed Partner Name

CORPORATE APPLICANT(PRINT NAME): _____

By: _____
Signature

Printed Name and Title

NOTE: THE UNDERSIGNED UNDER CURRENT TOWNSHIP ORDINANCES ACKNOWLEDGES THAT THE APPLIANT IS RESPONSIBLE FOR ANY AND ALL REVIEW, ENGINEERING AND OTHER FEES INVOICED BY ELIZABETH TOWNSHIP. THESE MAY EXCEED THE STATED ESCROW AMOUNTS SHOWN IN THE FEE RESOLUTION.

SUBMISSION OF PLANNING APPLICATION DOES NOT ASSURE PLACEMENT ON THE PLANNING COMMISSION AGENDA.

Signature of Applicant

Print Name and Title

OFFICIAL USE ONLY

DATE APPLICATION FEE COLLECTED: _____ DATE ESCROW COLLECTED: _____

APPLICATION

APPLICANT OR AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT ALL SCHEDULED TOWNSHIP MEETINGS

AFFIDAVIT OF VERIFICATION BY LANDOWNER

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY**

SS:

On this _____ day of _____, 20_____, before me, the undersigned officer, _____, known to me or satisfactorily

proven to be: (choose one)

- The individual whose name is subscribed to the within instrument;
- A partner of _____, a Pennsylvania General/Limited Partnership; or
- The _____ of _____, a corporation

and acknowledge that: (choose one)

- He/she
- He/she as such _____ partner
- He/she as such _____ by signing the name of the corporation as himself/herself executed the foregoing instrument for the purposes therein contained.

(Seal)

IN WITNESS WHEREOF, I hereunto set by hand and official seal.

Notary Public:

AGENT AUTHORIZATION FORM

Name of Property Owner(s) _____

Address of Property or Description Project _____

County Assessment Lot and Block Map Number(s) _____

The above named property owner hereby appoints _____ as its agent(s), and authorizes said agent to apply for and process the above mentioned application on his/her behalf. Agent(s) is/are further authorized to sign all necessary documentation for such Municipal purposes, including acceptance of conditions imposed by the Board of Commissioners upon approval of the plan. This authorization shall remain in force and effect until written notice of revocation is delivered to the Township of Elizabeth.

Nothing herein shall be construed to authorize any of the above-named to act as agent(s) for the undersigned for purposes of recording of subdivisions, transfer of ownership of land, any actual excavation, construction or improvement to any land, or to take any action other than to apply for and obtain approvals from Elizabeth Township of the proposed application.

SIGNED AND SEALED, intending to be legally bound on this date of _____, _____.

OWNER (PRINTED NAME) (SEAL) OWNER (SIGNATURE)

OWNER (PRINTED NAME) (SEAL) OWNER (SIGNATURE)

IN WITNESS WHEREOF, I hereunto set by hand and official seal.

(Seal)

Notary Public:
