TOWNSHIP OF HANOVER

APPLICATION FOR SUBDIVISION APPROVAL

PLAN NAME: _____ Date: _____

LOCATION: _____

NO OF LOTS_____ZONING CLASSIFICATION: _____

TYPE OF APPLICATION_____PRELIMINARY_____FINAL_____MINOR SUBDIVISION

SEWAGE AVAILIBILITY: ON LOT_____PUBLIC SEWAGE_____
PLANNING MODULAR FROM DEP_____DATE COMPLETED_____

NAME OF DEVELOPER_____
ADDRESS_____
PHONE NO._____ EMAIL_____

NAME OF LANDOWNER_____
ADDRESS_____
PHONE NO._____ EMAIL_____

NAME OF SURVEYOR_____
ADDRESS_____
PHONE NO_____ EMAIL_____

TOTAL ACREAGE IN PLAN_____CONTIGUOUS ACREAGE IN SAME

OWNERSHIP_____AVERAGE LOT SIZE_____LOT FRONTAGE_____

HAS A VARIANCE, CONDITIONAL USE OR USE BY SPECIAL EXCEPTION BEEN GRANTED FOR THIS PLAN_____IF SO, GIVE DATE_____

ARE ANY MODIFICATIONS TO THE TOWNSHIP SUBDIVISION REGULATIONS REQUIRED?
LIST_____

DOES THIS PLAN REQUIRE A CHANGE IN ZONING CLASSIFICATION? _____

HAS AN APPLICATION FOR REZONING BEEN FILED_____DATE_____

WASH. CO. PLANNING COMM. RECOMMENDATIONS: _____DATE _____

HANOVER TOWNSHIP PLANNING COMM_____DATE_____

FEE $30.00 + ENGINEERING COST, IF ANY_____

DATE FEE PAID: _____ Amount: _____