

SPRING TOWNSHIP
1309 Blanchard Street
Bellefonte, PA 16823
814-355-5067 Fax 814-355-2801

APPLICATION FOR PLAN REVIEW

FILE NO. _____
DATE _____

PRE-SUBMISSION CONSULTATION
Applicant agrees to reimburse the Township for
any pre-submission consultation fees.

Name of Plan: _____ Applicant _____ Date _____

Type of Plan: _____

Owner's Name: _____ Telephone: _____

Address: _____

Applicant's Name: _____ Telephone: _____

Address: _____

Billing Address for Engineering Services: _____

Location of Plan: _____

Acreage of Plan: _____ Number of lots or units: _____

Plans Prepared By: _____

Date of Plans: _____

CHECKLIST OF PAPERS REQUIRED

The (2) copies minimum of all submission materials plus one electronic media copy of all materials to be submitted. Additional copies of some materials may be required. Applicant shall consult with the Township Zoning Officer prior to submission.

FEES: _____ DATE PAID: _____

I/We certify that the above information is correct and further agree to reimburse Spring Township for the cost of Engineering Services, Materials Testing and other site inspections as required by Spring Township throughout the course of our development.

Signature: _____
Owner or Authorized Agent

Date: _____