

SUBDIVISION AND LAND DEVELOPMENT APPLICATION
Oxford, PA 19363 BOROUGH OF OXFORD 610-932-2500

PLAN TITLE: _____

PLAN DATE: _____

Please check one

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> SUBDIVISION | <input type="checkbox"/> LAND DEVELOPMENT |
| <input type="checkbox"/> MINOR | <input type="checkbox"/> PRELIMINARY PLAN |
| <input type="checkbox"/> MAJOR | <input type="checkbox"/> FINAL PLAN |

FOR OFFICIAL USE ONLY
FILE NO. _____
DATE RECEIVED: _____ (AT MUNICIPAL BUILDING)
OFFICIAL SUBMISSION DATE: _____ (By Code Enforcement Officer)
DATE OFFICIAL REVIEW STARTS: _____ (By Planning Commission)
FINAL APPROVAL DATE: _____ (By Borough Council)

PROPERTY OWNER	APPLICANT (If other than owner)
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____
	APPLICANT'S INTEREST: _____ _____

PROPERTY DESCRIPTION

Location (Street Address) _____

Tax Assessment Parcel No. _____

County Deed Book No. _____ Page No. _____

Total Property Acreage _____ Acreage In This Proposal _____

PROPOSAL DESCRIPTION

Engineer/Land Surveyor _____

Number of Lots _____ Number of Stages _____

Type of Development: Single Family Commercial Redevelopment
 Two Family Industrial Institutional
 Multiple Family New Construction Expansion
 Other (Specify Type) _____ Parking

Proposed Starting Date: _____ Proposed Completion Date: _____

Proposed Contractor and Address: _____

IMPROVEMENTS DESCRIPTION

UNIT

ESTIMATE COST

LENGTH OF NEW ROADS (LF)	_____	_____
LENGTH OF SIDEWALKS	_____	_____
LENGTH OF CURBS	_____	_____
TYPE OF SEWAGE TREATMENT	_____	_____
STORMWATER FACILITIES	_____	_____
WATER SUPPLY	_____	_____
COMMON OPEN SPACE	_____	_____
OTHER (SPECIFY)	_____	_____

ACCOMPANYING MATERIALS

- | | | |
|--|-----------------|--|
| <input type="checkbox"/> REVIEW FEE | AMOUNT \$ _____ | <input type="checkbox"/> IMPROVEMENT AGREEMENT |
| <input type="checkbox"/> CASH ESCROW | AMOUNT \$ _____ | <input type="checkbox"/> AS BUILT PLAN |
| <input type="checkbox"/> EROSION AND SEDIMENTATION CONTROL PLAN | | |
| <input type="checkbox"/> ROAD PROFILES | | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PERCOLATION TESTS | | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CHESTER COUNTY HEALTH DEPARTMENT REVIEW | | <input type="checkbox"/> OTHER _____ |

The undersigned represents that to the best of his/her knowledge all of the above statements are true, correct and complete:

Signature of Landowner **Date**

Signature of Applicant (if other than owner) **Date**

Received by: _____ **Date:** _____
(At Municipal Building)

Accepted by: _____ **Date:** _____
(Code Enforcement Officer)