

EDWARDSVILLE BOROUGH  
MINOR SUBDIVISION APPLICATION

1. APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

2. OWNER OF RECORD

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

3. REGISTERED SURVEYOR/ENGINEER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

4. LOCATION/ADDRESS OF PROPERTY TO BE SUBDIVIDED

\_\_\_\_\_

5. LINEAR DIMENSIONS OF LOT AND TOTAL AREA (SQUARE FEET OR ACREAGE) OF LOT PRIOR TO SUBDIVISION

\_\_\_\_\_

6. LINEAR DIMENSIONS OF EACH LOT AND TOTAL SQUARE FOOTAGE OF EACH LOT TO BE CREATED UPON SUBDIVISION APPROVAL

LOT #1 \_\_\_\_\_

LOT #2 \_\_\_\_\_

LOT #3 \_\_\_\_\_

LOT #4 \_\_\_\_\_

LOT #5 \_\_\_\_\_

LOT #6 \_\_\_\_\_

7. TAX MAP DESCRIPTION:

VOLUME \_\_\_\_\_ PAGE \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

8. ZONING DISTRICT

\_\_\_\_\_

9. ATTACH NARRATIVE REPORT ON NATURE OF PROPESED DEVELOPMENT AND INTENDED USE AND DISPOSITION OF SUBDIVIDED PROPERTY

10. ATTACH A COPY OF EXISTING DEED DESCRIPTION OF PROPERTY AND COPIES OF PROPOSED DEED DESCRIPTIONS OF LOTS TO BE CREATED.

11. HAS THE ZONING OFFICER DETERMINED IF THE PROPOSED SUBDIVISION, IF APPROVED, WILL REQUIRE ANY VARIANCES?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, SPECIFY ANY REQUIRED VARIANCES PER THE DECISION OF THE ZONING OFFICER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. ARE ANY MODIFICATIONS FROM THE SUBDIVISION AND LAND DEVELOPMENT ORDINANCE REQUESTED?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, SPECIFY THE REQUIRED MODIFICATIONS AND SECTIONS AND/OR PROVISIONS OF THE ORDINANCE RELATED TO SUCH REQUEST.

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\_\_\_\_\_

13. ATTACH FIFTEEN (15) PREFOLDED COPIES OF THE SUBDIVISION PLAN AT A SCALE OF ONE (1) INCH EQUALS (50) FEET AND ANY APPLICABLE SUPPORTING MATERIAL, I.E., SOIL EROSION AND SEDIMENTATION CONTROL PLAN, AND A HIGHWAY OCCUPANCY PERMIT (IF APPLICABLE).

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO REIMBURSE EDWARDSVILLE BOROUGH FOR ALL CONSULTING FEES INCURRED FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS AS SO DIRECTED AND REQUIRED BY THE EDWARDSVILLE PLANNING COMMISSION.

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SIGNATURE OF PPLICANT/DEVELOPER

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DATE

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**TO BE COMPLETED BY PLANNING COMMISSION**

A. BOROUGH APPLICATION FEE AND DATE RECEIVED: \_\_\_\_\_

B. COUNTY REVIEW FEE: \_\_\_\_\_

C. DATE PLAN AND APPLICATION WERE SUBMITTED TO LUZERNE COUNTY PLANNING COMMISSION:  
\_\_\_\_\_

D. DATE OF NEXT SCHEDULED BOROUGH PLANNING COMMISSION MEETING:  
\_\_\_\_\_

E. ATTACH COMMENTS AND/OR RECOMMENDATIONS OF ANY CONSULTANTS TO THE BOROUGH PLANNING COMMISSION AND THE LUZERNE COUNTY PLANNING COMMISSION.

F. ATTACH COPY OF APPROVED D.E.R. PLANNING MODULE AND SEO REPORT (IF APPLICABLE)

G. DECISION RENDERED AND DATE OF DECISION BY PLANNING COMMISSION.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. DATE OF MAILING OF WRITTEN NOTIFICATION OF DECISION TO APPLICANT:  
\_\_\_\_\_