

TOWNSHIP OF ROSTRAVER
BOARD OF COMMISSIONERS

SIMPLE SUBDIVISION CHECKLIST
(SUBDIVISIONS OF THREE LOTS OR FEWER)

Requirements:

All of the following must be COMPLETED at the time of SUBMITTAL. Please note, if ALL THE REQUIREMENTS ARE NOT COMPLETE, YOUR SUBMISSION WILL NOT BE PLACED ON AN AGENDA. Please refer to Subdivision/Land Development Ordinance No. 175 for more specific information.

YES NO N/A

- 1. A request to waive preliminary approval _____
- 2. One Mylar prepared in waterproof ink, plus five (5) Copies of Plans _____
- 3. Name and seal of the registered professional surveyor who surveyed the property _____
- 4. Applicant’s notarized signature on the plan _____
- 5. Name by which the subdivision will be recorded _____
- 6. Location of the municipality, county and state _____
- 7. Name and addresses of the owner or owners _____
- 8. Name and addresses of abutting property owners _____
- 9. North point, date and graphic scale _____
- 10. Location map _____
- 11. Existing land uses shall be shown for the subject property and adjacent land areas _____
- 12. Certification blocks for the appropriate governing and planning bodies _____
- 13. Proposed use of the land, purpose of subdivision _____
- 14. Boundary lines with courses and distances clearly marked _____
- 15. Existing and proposed streets, alleys and/or easements adjacent to the tract _____

- 16. All rights-of-way, easements and the purposes for which they are to be established. _____
- 17. Lot lines, dimensions and land are of proposed lots _____
- 18. Building lines _____
- 19. Approval letters from public utilities for water and sewage _____
- 20. If on-lot methods are being used for water and sewage, site investigation and perc test location along with well location _____
- 21. Planning Module approvals as specified by PADEP _____
- 22. Statement by the owner dedication streets, rights-of-ways and site for public use _____
- 23. Description of covenants _____
- 24. Owner's acceptance language of responsibility For providing stormwater drainage facilities _____

Please review this checklist with your surveyor/engineer for completeness, prior to submission. Please note, if ALL THE REQUIREMENTS ARE NOT COMPLETE, YOUR SUBMISSION WILL NOT BE PLACED ON AN AGENDA.

DATE: _____ SUBMITTED BY: _____

ENGINEER/SURVEYING COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____