

# MARLBOROUGH TOWNSHIP

## Subdivision/Land Development Application

Submission Date: \_\_\_\_\_ (to be filled in by Township office)

Applicant(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Property Owner of Record (if different from applicant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Application Type:

\_\_\_\_\_ Minor Subdivision      \_\_\_\_\_ Subdivision      \_\_\_\_\_ Land Development

Plan Type:

\_\_\_\_\_ Sketch      \_\_\_\_\_ Preliminary      \_\_\_\_\_ Final

Property Data:

Nearest Intersecting Road: \_\_\_\_\_

County Deed Book & Page Number: \_\_\_\_\_

Block & Unit Number: \_\_\_\_\_ Tax Parcel Number: 45-00-\_\_\_\_\_ - \_\_\_\_\_  
(5 digits) (3 digits)

Zoning District: \_\_\_\_\_

Property Size: gross acres \_\_\_\_\_ net buildable acres \_\_\_\_\_

Present Land Use: \_\_\_\_\_

Proposal Type:

Residential: \_\_\_\_\_

Number of Lots: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Non-Residential: \_\_\_\_\_

Gross Sq. Ft. (floor area): \_\_\_\_\_

Description of Use: \_\_\_\_\_

Water/Sewage Disposal Information:

Water:

On-site: \_\_\_\_\_ Community On-site: \_\_\_\_\_

Sewage Disposal:

On-site: \_\_\_\_\_

Type of on-site system proposed:

Standard Sub-Surface: \_\_\_\_\_

Elevated Sand Mound: \_\_\_\_\_

Dry/Wet Stream Discharge: \_\_\_\_\_

Spray Irrigation: \_\_\_\_\_

Other: \_\_\_\_\_

Public Sewer: \_\_\_\_\_

*Attach documentation of available hook-ups from Authority.*

Semi-Public: \_\_\_\_\_

Natural Features Existing on the site (check if applicable):

Low Depth to Bedrock \_\_\_\_\_

Diabase Geological Formations \_\_\_\_\_

Waterbodies \_\_\_\_\_

Watercourses (Wet or Dry) \_\_\_\_\_

Flood Plain \_\_\_\_\_

Wetlands \_\_\_\_\_

Steep Slopes \_\_\_\_\_

Applicant's Consultants:

Engineer, Surveyor, Architect:

Name of Firm: \_\_\_\_\_

Assign Professional: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney:

Name of Firm: \_\_\_\_\_

Assigned Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other:

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Applicant's Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Submit application with Professional Services Agreement & Form W-9.