

Application for Lot Line Revision (Townhomes)

This Application is for:					Land Development				
Name of Development									
Lo	cation of Proper	ty							
	Applicar	ıt:							
Address						Phone:			
City		State	e	Zip		Fax:			
	Name of Own	er							
Address						Phone:			
City		State	e	Zip		Fax:			
Eı	or				Contact:				
Address						Phone:			
City		State	e	Zip		Fax:			
Total Acreage									
Total N	Number of Lots			Phases					
Total	Lots in Adams		Tot			of Adams			
This	Phase Number		Number of L			this Phase			
	Total Acreage		Total Acreage this Phase						
	Zoning district			Proposed Use					
Are any of the following need for this submission:									
Zoning Change: Special I			ception:	Conditional Use:			e:	Variance:	
Describe									
						1			
Type of Sewage Disposal					Type of Wate	er Supply			
Explain proposal in detail:									
	t certifies that the	above infor	mation is co	omplete	and true and co	orrect to the be	est of the	applicant's kno	wledge
and belief. Signature: Date:									
Signature:					Date:				

Applications must be completed, accompanied by the fee, two full size (2) copies of the proposed plan, two (2) 11 x 17 copies and a digital format emailed to code@adamstwp.org. Submit Twenty-Eight (28) days prior to the scheduled Planning Commission meeting date to be considered as an agenda item.

Independent review of plan submissions is required, although every effort is made to complete reviews for the next available meeting, plan complexity may require additional review time.

Additional requirements are outlined on Adams Township Subdivision and Land Development procedures and are available at the Adams Township Municipal Building

Application Fee: \$100.00

Costs exceeding the initial Escrow amount will require additional fees as per Township Ordinance.

P: 724-625-1827