

**BETHEL TOWNSHIP, LEBANON COUNTY
APPLICATION FOR REVIEW OF
SUBDIVISION OR LAND DEVELOPMENT**

Name of Subdivision/Land Development: _____

Type of Submission: Preliminary Final Sketch

Plan Dated: _____ Drawing #: _____ Number of sheets: _____

Name of Applicant: _____

Check one (✓) Owner
 Equitable Owner
 Agent

Address: _____

Phone Number: _____

Plan Preparer: _____

Preparer's Address: _____

Preparer's Phone Number: _____ Fax Number: _____

Total Project Acreage: _____

Adjacent Acreage Under Same Ownership: _____

Type of Use Proposed: Single Family Commercial
 Two Family Industrial
 Row Other
 Multi-Family

Number of Lots or Units: _____

Zoning Classification: _____

Are any zoning changes, variances, or special exceptions needed? _____

If Yes, Explain: _____

Type of Water: _____

Type of Sewage Disposal: _____

Linear Foot of New Streets: _____

Are streets to be dedicated to the Township? _____

Have utilities been contacted? _____

Date Submitted to the County: _____

Date Submitted to Township Engineer: _____

The undersigned hereby represents that, to the best of his knowledge and belief, all information listed above is true, correct, and complete.

APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE.

OFFICIAL USE ONLY

Date Received: _____

Fees Received: _____

Check #: _____
