

FRANKLIN TOWNSHIP  
APPLICATION FOR CONSIDERATION OF A SUBDIVISION  
AND/OR LAND DEVELOPMENT PLAN

File No. \_\_\_\_\_  
Date of Receipt/Filing \_\_\_\_\_  
**(For Township Use Only)**

The undersigned hereby applies for approval under the Franklin Township Subdivision and Land Development Ordinance for the Plan, submitted herewith and described below:

1. Plan Name: \_\_\_\_\_

Plan No: \_\_\_\_\_ Plan Date: \_\_\_\_\_

2. Project Location: \_\_\_\_\_

3. Name of Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Land Use and Number of Lots and/or Units (indicate answer by number of lots or units):

_____ Single Family (Detached)	_____ Commercial
_____ Multi-Family (Attached-Sale)	_____ Industrial
_____ Multi-Family (Attached-Rental)	_____ Institutional
_____ Mobile Home Park	_____ Other (please specify)

\* Residential Lot Add-on for Existing Dwelling

5. Total Acreage: \_\_\_\_\_

6. Application Classification:

_____ Pre-Application Review	_____ Revised Plan
_____ Concept Plan	_____ Lot Add-on Plan
_____ Preliminary Plan	_____ Minor Plan
_____ Final Plan	

7. Applicant Name (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

8. Engineer/Surveyor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Person Responsible for plan: \_\_\_\_\_

9. Is a Zoning Variance, Special Exception and/or Conditional Use Approval Necessary?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please specify:

\_\_\_\_\_

10. Type of Water Supply Proposed: Private: Existing On-lot

\_\_ Public

\_\_ Semi-Private

\_\_ Individual

**Please indicate if a capped system is proposed**

Type of Sanitary Sewer Disposal Proposed: Private: Existing On-lot

\_\_ Public

\_\_ Semi-Private

\_\_ Individual

**Please indicate if a capped system is proposed.**

12. Lineal Feet of New Street: \_\_\_\_\_

Identify All Street(s) Not Proposed for Dedication \_\_\_\_\_

13. Sewer Facilities Plan Revision or Supplemental Number \_\_\_\_\_ and Date Submitted \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Landowner or Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Landowner or Applicant

(See Sections 302, 303.01, 304, 306.01, 401, 402.06 and 403.06)

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**Do Not Write Below This Line – For Township Use Only**

Fee Collected: \_\_\_\_\_ Township \_\_\_\_\_ York County Planning Commission

Scheduled for Township Planning Commission on: \_\_\_\_\_

Plan Action Deadline: \_\_\_\_\_