

APPENDIX B

BOROUGH OF SAINT CLAIR
SUBDIVISION REGULATIONS

APPLICATION FOR SUBDIVISION PLAN APPROVAL

1. NAME OF SUBDIVISION: _____

2. NAME & ADDRESS OF PROPERTY OWNER(S):

3. NAME & ADDRESS OF DEVELOPER/APPLICANT:
(If Other Than Owner) _____

4. LOCATION OF SUBDIVISION:

Street Address (If Any)

Tax Map No. Parcel No.

Deed Book No. Page No.

5. NAME & ADDRESS OF PROFESSIONAL
RESPONSIBLE FOR THE PLAN:

Company Name

Contact Person

Mailing Address

Telephone No.

6. TOTAL ACREAGE TO BE SUBDIVIDED: _____ ACRES

7. NUMBER OF LOTS PROPOSED (including residue): _____

8. NUMBER OF LOTS TO BE DEVELOPED: _____

9. TYPE OF DEVELOPMENT: _____ SINGLE FAMILY
 (Check Applicable Box(s)) _____ MULTI-FAMILY (TOWNHOUSE)
 _____ COMMERCIAL
 _____ INDUSTRIAL
 _____ NOT FOR DEVELOPMENT
 _____ ANNEXATION
 _____ OTHER (SPECIFY)

10. TYPE OF WATER SYSTEM:
 (Check Applicable Box(s))
- | | <u>Existing</u> | <u>Proposed</u> |
|--------------------------------|-----------------|-----------------|
| PUBLIC (MUNICIPAL) SYSTEM | _____ | _____ |
| SEMI-PUBLIC (COMMUNITY) SYSTEM | _____ | _____ |
| INDIVIDUAL ON-SITE | _____ | _____ |

11. TYPE OF SANITARY SEWER SYSTEM:
 (Check Applicable Box(s))
- | | <u>Existing</u> | <u>Proposed</u> |
|--------------------------------|-----------------|-----------------|
| PUBLIC (MUNICIPAL) SYSTEM | _____ | _____ |
| SEMI-PUBLIC (COMMUNITY) SYSTEM | _____ | _____ |
| INDIVIDUAL ON-SITE | _____ | _____ |

12. ZONING CLASSIFICATION: _____

13. PROPOSED IMPROVEMENTS, IF ANY:
 (Check Applicable Box(s))
- | | |
|-------|-----------------------|
| _____ | STREETS |
| _____ | WATER SYSTEM |
| _____ | SANITARY SEWER SYSTEM |
| _____ | STORMWATER SYSTEM |
| _____ | SIDEWALKS/CURBS |
| _____ | OTHER UTILITIES |
| _____ | NOT APPLICABLE |

14. ATTACHMENTS AND ENCLOSURES:
- | | |
|-------|--|
| _____ | APPENDIX B-APPLICATION FOR SUBDIVISION PLAN APPROVAL |
| _____ | SUBDIVISION PLAN (8 COPIES) |
| _____ | APPENDIX C.1 - BOUNDARY LINE ADJUSTMENT CHECKLIST |

_____ APPENDIX C.2 - MINOR SUBDIVISION
FINAL PLAN CHECKLIST

_____ APPENDIX C.3 - MAJOR SUBDIVISION
PRELIMINARY PLAN CHECKLIST

_____ APPENDIX C.4 - MAJOR SUBDIVISION
FINAL PLAN CHECKLIST

_____ DEED RESTRICTIONS (IF ANY)

_____ IMPROVEMENT AGREEMENTS (IF ANY)

_____ OTHER (SPECIFY)

15. **CERTIFICATION:** THE UNDERSIGNED HEREBY REPRESENTS THAT TO THE BEST OF HIS (THEIR) KNOWLEDGE AND BELIEF, ALL INFORMATION LISTED AND ATTACHED HERETO IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF OWNER(S) OR APPLICANT(S)

_____ DATE

FOR BOROUGH USE ONLY

1. RECEIVED BY PLANNING COMMISSION: _____
Date

Fee Paid

Secretary Signature

2. REVIEWED BY PLANNING COMMISSION: _____
Date

3. PLANNING COMMISSION ACTION:

_____ Approved
Date

_____ Approved Subject to the Following Modifications:
Date _____

_____ Disapproved for the Following Reasons:
Date _____

ATTEST:

Secretary, Borough Planning Commission

Chairperson, Borough Planning Commission

4. REVIEWED BY BOROUGH COUNCIL: _____
Date

5. BOROUGH COUNCIL ACTION:

_____ Approved
Date

_____ Approved Subject to the Following Modifications:
Date _____

_____ Disapproved for the Following Reasons:
Date _____

ATTEST:

Chairperson, Borough Planning Commission

Secretary, Borough Council

Mayor, Borough of Saint Clair