

## **Borough of Greencastle Planning Commission**

Application for Land Development Review

Borough of Greencastle 60 N. Washington Street Greencastle, PA 17225 717-597-7143/FAX: 717-597-1022 www.greencastlepa.gov

Application Fee: \$150 for first unit; \$10/each additional unit.

## **Instructions**

- 1. Please complete all questions in ink and in a legible form (print or type).
- 2. Submit the completed application to the Borough of Greencastle Zoning Officer or Borough Secretary.
- 3. All applications must be accompanied by five (5) plot plan or floor plan hard copies and one (1) electronic copy (pdf) before the application will be accepted.
- 4. All applications must be paid in full upon filing.
- 5. A separate application must be submitted for each property and/or plot.
- 6. Please refer to the Pennsylvania Municipalities Planning Code, the Borough of Greencastle Ordinance, Chapter 180, Subdivision and Land Development, and the rules of Procedure and By-Laws of the Borough of Greencastle Planning Commission and Zoning Hearing Board prior to submitting any application. The above mentioned materials will be available for inspection at the Borough of Greencastle during regularly scheduled business hours and online at <a href="https://www.greencastlepa.gov">www.greencastlepa.gov</a>. Copies will be provided at cost. THE DOCUMENTS HEREIN REFERRED TO SHALL GOVERN THIS APPLICATION AND ARE CONSIDERED TO BE ADDITIONAL INSTRUCITONS HERETO.

Property Information												
Project Name:												
Plan Classification	: □ Subd	☐ Subdivision				☐ Land Development			☐ Combined			
Type of Submission	n:	☐ Preliminary			☐ Final		□ P/I	□ P/F		☐ Minor		
Tax Parcel ID Num	ıber:				Zo	ning District:						
Subdivision (if applicable):					Total Tract Area:							
Building Footprint (SF):					Developed Area (SF):							
Existing & Proposed Conditions												
Existing Land Use: Existin			Existing I	ting No. of Lots:			Ex	Existing No. of Dwelling Units:				
Existing Sewer Service	☐ Public		On-Lot	□ None		Existing Wat Service	ter	☐ Public		Well	□ None	
Proposed Land Us	e:	Proposed No. of L				:	Pro	Proposed No. of Dwelling Units:				
Proposed Sewer Service	☐ Public					Proposed W Service	ater	☐ Public				

The Borough of Greencastle Planning Commission meets the second Monday of the month as needed.

The cutoff date for plan submission is ten (10) days prior to the scheduled meeting.

Proposed Use										
Provide brief description of proposed use:										
Are any zoning variances and /or subdivision waivers be	ing requested:	☐ Yes	□No							
List any variances and/or waivers requested (if applicable	).									
Property Owner Information										
Name:		Phone Number:								
Address:										
Email Address:										
Applicant Information (If Different Than Property Owner)										
Name:	Phone Number:									
Address:	1									
Email Address:										
Applicant Certification										
I/We verify that the statements made in this Application are true and correct. I/We understand that false statements herein are subject to the penalties of 18 PA C.S., Section 4904 relating to un-sworn falsification to authorities.										
Applicant Signature	Date									
FOR OFFICAL USE ONLY										
Date Application Received:	Received By:									
Is application accompanied by plot or floor plan(s):	Has applicant paid all application fees:									
☐ Yes ☐ No	☐ Yes									
Date of payment:	Amount paid:									
The Borough of Greencastle has received the above plan( Franklin County Planning Commission office, 272 North	· ·									
Borough Manager/Zoning Officer	Date									