

Date: _____

Applicant: _____

Representative Name: _____

Applicant Email Address: _____

Applicant Phone Number: () -

UPI #: _____

Property Address: _____

(If different than the owner/applicant, fill out the below; if same, leave blank)

Billing Name: _____

Billing Email Address: _____

Billing Phone Number: () -

Billing Mailing Address: _____

Type of Plan Submission: _____

Name of proposed Plan: _____

Date of Plan: _____

Date of Plan Revision: _____

Person Responsible for Plan: _____

Zoning District: _____

	Check #	Amount	Fee Purpose
Summary of Fees:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

The undersigned hereby certifies that, to the best of his knowledge and belief, all above information and statements contained herein, and any papers or plans submitted herewith are true, correct, and complete.

As part of this application for plan approval, the applicant agrees to pay to West Sadsbury Township such fees and expenses as may be required to incur for the services of inspectors, engineers, solicitors, other subconsultants in investigations, tests, meetings, site visits, etc., as advising the Township Staff, Planning Commission, and Board of Supervisors in relation to the submission.

Name:

Date:

Signature:
