

THE COUNTY OF CHESTER

COMMISSIONERS
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PLANNING COMMISSION
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610-344-6285



September 13, 2006

Fax: 610-344-6515

To Whom it May Concern:

Please be aware that the Chester County Planning Commission has lately been receiving plans for endorsement that have not been properly prepared. We would like to extend a friendly reminder to all municipalities of the information required for Chester County's endorsement so that your plans can be recorded in an efficient manner:

- All municipal signatures on the plan must include the approval date from the Board of Supervisors or the Borough Council.
- Any plans submitted more than 90 days after the approval date must be accompanied by a letter from a municipal official, stating the municipality has waived the 90 day timeframe for recording purposes.
- Municipalities should inform the courier who brings the plans for county endorsement of the 90-day timeframe required for county endorsement.
- If signature blocks appear on multiple pages of the plan, each page which includes the signature blocks, must be signed and dated.
- Chester County Planning Commission cannot endorse a plan with photocopied signatures. All signatures must be original.
- Chester County Planning Commission cannot endorse plans printed on mylar, vellum or any material other than bond paper.
- Tax parcel numbers must appear on the plan as required by the County Recorder of Deeds.
- If it is the intention to have the plan recorded on the same day, the courier should bring the plans to the County Planning Commission no later than 3:15pm. Due to a lengthy recording process, the Recorder of Deeds stops accepting plans at 4:00.

- Be aware that Chester County will retain 1 copy of the plan and the Recorder of Deeds will retain a minimum of 3 copies. Additional copies beyond the prescribed minimum must be presented at the time of recording.
- The County Recorder of Deeds cannot record plans smaller than 17" X 22" or larger than 34" X 44".

Thank you in advance for taking the time to review these requirements to ensure a smooth County endorsement on all plans. Questions you may have regarding the recording process should be directed to the County Recorder of Deeds office at (610) 344-6330.

Sincerely,

David D. Ward, AICP Interim Secretary

DDW/sd

Honey Brook Borough

Application for Approval of

(Preliminary)

(Final)

(please indicate)

Subdivision/Land Development Plan

| (If not applicable please indicate NA) Attach additional sheets where necess | | | | | |
|--|---|--|--|-----------------|--|
| Application No. | | | Date Filed | | |
| | | | - | | |
| Applicant's Name | | Addre | SS | | |
| | · · · · · · · · · · · · · · · · · · · | | Telephone | | |
| Record Owner of Land | Addre | \$\$ | | | |
| | | Market Market State Control of the C | Telephone | | |
| Attorney, if any | Addre | ss | *************************************** | | |
| | | | | Telephone | |
| Registered Engineer or | | Addre | SS | | |
| Surveyor who prepared plans | | ar-variously substanced two reluceses | | Telephone | |
| The Subdivision will be called | | | | | |
| And will be located at: | | | | | |
| Applicant is (check one): | Owner; | Agent; | Prospective po | ırchaser | |
| The Subdivision tract includes | | Ac | res in total; and land contain | ined within the | |
| Subdivision boundaries is recorded in | Chester County Deed | Book(s) | | | |
| At page(s) | , respectively. | County Tax Map Lot No | .(s) | | |
| Zoning | . Total number | of lots in the subdivision | n: | | |
| Area of the smallest lot: | _ | acres. | | | |
| Type of Subdivision (check): | Agricultural purpose | | | | |
| | Lease, transfer of ownership or encumbrance | | | | |
| | Development purpose. | | | | |
| Type of Development (check) | Single family residence. | | | | |
| | Semidetached, duplex | | | | |
| | | partments | | | |
| | | ownhouses | | | |
| | O | her, explain | The state of the s | | |
| Type of structure (check): | O | ne story | | | |
| | T | vo story | | , s · · | |
| | O | her, explain | | | |
| Type of construction (charle) | steel | brick | stone | frame | |
| Type of construction (check): Proposed sewage system or septic sys | | W | atone | Hant | |
| rroposed sewage system of septic sys | MOUNT FOR THE SHOULD STORY | | | | |

| Tl | ne in | 1prov | vements contemplated in the subdivision will include: | | | |
|------|---------------|--------|--|-----------------------------------|----------------------|--|
| | | | | No. of Units | Estimate Cost | |
| St | reets | 3 | | | | |
| W | iden | ing o | of existing streets | | | |
| Cı | ubs | | | | | |
| Si | dew | alks | | | | |
| Pa | rk L | and/ | Open Space | | | |
| St | orm | Drai | nage | | | |
| W | ater | supp | ly and fire hydrants | | i | |
| M | onui | nent | S | | | |
| Tr | ees | | | | | |
| Sta | reet | light | ing | | | |
| Se | wag | e Tr | eatment Plant | | | |
| M | Miscellaneous | | | | | |
| Ha | s th | is tra | ct been the subject of a subdivision pursuant to | | | |
| Н | ney | Bro | ok Borough Zoning Ordinance in the past 3 years? | Yes | No. | |
| Re | crea | tion | area, parks, play areas, additional right-of-way, etc. as may or | may not be dedicated for public u | se are as follows: | |
| Ту | pes | of Sı | ubmission – (Township Secretary to fill out) | | | |
| [|] | Pre | liminary Plan – Section 405 Subdivision Ordinance [] | Final Plan - Section 407 Subdiv | vision Ordinance | |
| | | NO | TE: Requirements for this submission are | | | |
| | | Thi | s application | | | |
| [|] | 12 | copies of plan | | | |
| [|] | 3 c | opies of planning module | | | |
| | | (Pro | eliminary Plan only) | | | |
| It i | s the | resp | onsibility of the applicant: | | | |
| [|] | a) | To submit one copy of the plan with appropriate referral letter County Planning Commission for comments and recommenda | | ssary to the Chester | |
| [| 7 | b) | To submit two copies of the plan (two copies of the planning letter and supporting data when necessary to the Chester Courrecommendations. | | | |

N.B. Proof of both submissions is to be provided to the Honey Brook Borough Planning Commission.

| Amount: | \$ | Paid: \$ |
|--------------------|--|--|
| Chester (| County Planning Commission and Chester County Health | h Department as per their fee schedule. |
| | ee to reimburse the Honey Brook Borough for such fees eer or engineers in connection with the investigation and | and expenses as said the Borough may incur for the services of study of the plans submitted. |
| I/We, fiu | ther, do swear and/or affirm that the information given i | n this application is true and accurate to the best of my/our |
| knowled | ge and intentions and is in accordance with the ordinance | |
| knowled | ge and intentions and is in accordance with the ordinance | |
| knowled gnature | ge and intentions and is in accordance with the ordinance | |
| · | ge and intentions and is in accordance with the ordinance | |
| · | | es of the Borough of Honey Brook. |
| gnature | | es of the Borough of Honey Brook. |
| gnature | Record Owner | es of the Borough of Honey Brook. Date |
| gnature gnature | Record Owner | es of the Borough of Honey Brook. Date |



County Of Chester Subdivision / Land Development Information Record Form

| Required | | | : |
|---|----------------------------|--|-------------------|
| *UPI: | Township: | | |
| | | • | |
| (e.g.: <u>1 - 8 - 45</u>) | . Name of Subd | vision: | |
| *Site Address or Street inter | section: | | |
| | (e.g.: 201 W Market S | t. or NE Corner of W Marke | et St & N New St |
| *Developer: | - | Phone #: | |
| *Developer's Mailing Addres | ss: | And the state of t | |
| *Property Owner: | | | |
| Agent/Consultant: | | Phone #: | |
| Agent/Consultant's Mailing Ad | dress: | | |
| • | | | • . |
| *Number of New Lots Propos | • | | • |
| *Development of Existing Lo | | | L: gas station to |
| | | | |
| · | builty Explain. | · · · · · · · · · · · · · · · · · · · | |
| *Type of Development: | * Type of Sewage Di | | , |
| Residential Subdivision Non-Residential Subdivision | Individual on Community | Individual Public | |
| Non-Building Lot Line Change | Public Clean Streams | None | |
| Change of Use | Other: | | |
| NOTICE: Failure to properly co | omplete this form can resu | t in delaying the start of your p | roject. |
| FOR CHE | STER COUNTY HEALTH | DEPARTMENT USE ONLY | - |
| Unique I. D. # | | | - |
| Subdivision Review Fee: \$ | Receipt# | Date: | |
| \$ | Receipt # | Date: | |
| \$ | Receipt # | Date: | · |
| Rev.: 5/2/07-RD | | | |