



**WEST HANOVER TOWNSHIP
APPLICATION FOR PLAN APPROVAL**

Property Owner Name: _____
Address: _____ Phone # _____

Name of Applicant: _____
Address: _____ Phone # _____

Name of Engineer/Surveyor: _____
Address: _____
Phone # _____ FAX # _____ E-mail _____

Name of Developer: _____
Address: _____ Phone # _____

Title of Plan: _____
Plan Classification: Subdivision Land Development Other _____
Type of Approval Request: Preliminary Final
Previous Plans: _____ Recorders Office Reference: _____
Total Tract Area: _____ Number of Lots/Units: _____ Zoning District: _____
Density Overall: _____ Water Supply: _____ Linear ft of new streets: _____
Proposed Sewage Disposal: _____ Linear ft of new storm sewer: _____
Recreation: Land Dedication FILO (Fee in Lieu) Not Applicable

Has a sewage module been submitted to SEO? Yes. Date submitted: _____

Improvements Required: None Full Street Partial Street Sidewalks Curbing
 Sanitary Sewer Signs Storm Sewer Water Lines Other _____

Are any modifications of requirements being requested? Yes No
If so provide a written narrative listing the specific section of the Ordinance from which relief is requested and justification of the waiver.

Have any variances been granted to allow this development? Yes No
Case Number: _____ Date granted: _____

Filing Fees Attached: Township \$ _____ Dauphin Cty PC \$ _____

I hereby certify the plan submission represented by this application is complete and is prepared in conformance with all the applicable West Hanover Township Ordinances.

Signature Date

NOTE: Plans must be officially submitted to the Planning/Zoning Office by the appropriate submission date, provided by this office. Late or incomplete plans will not be accepted.

OFFICE USE ONLY: Filing Date: _____ Plan # _____
90 Days Begin: _____ 90 Days End: _____ Last Meeting Prior: _____
Extension(s) Granted: _____