

PIKE COUNTY PLANNING REVIEW APPLICATION

This application must be completed and submitted by the municipality/applicant to the address at right, along with one copy of the plan & accompanying documents and the required fee (see fee schedule on back).



PIKE COUNTY OFFICE OF
COMMUNITY PLANNING
837 Route 6, Unit 3
Shohola, PA 18458
(P) 570-296-3500
planning@pikepa.org

To Be Completed By Municipality

Date: _____

Municipality: _____

Official's Name: _____

Municipal Official's Signature: _____

MEETING DATES:

Planning _____ Supervisors/
Commission _____ Council _____

PCPC Use Only

Tracking # : _____

Review Fee: \$ _____

Fee Received:

To Be Completed By Applicant

PLAN NAME: _____

Applicant's Name: _____ Phone: _____

Applicant Address: _____

Surveyor/Engineer Name: _____ Phone: _____

REVIEW TYPE (Check all appropriate boxes)	PLAN TYPE	SUBMISSION TYPE
<input type="checkbox"/> Lot Combination <input type="checkbox"/> Lot Improvement <input type="checkbox"/> Minor Subdivision <input type="checkbox"/> Major Subdivision <input type="checkbox"/> Land Development	<input type="checkbox"/> Comprehensive Plan <input type="checkbox"/> Zoning Ordinance <input type="checkbox"/> SALDO Ordinance <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unofficial Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <i>Please submit electronic copy in addition to paper copy</i>	<input type="checkbox"/> New Proposal <input type="checkbox"/> Revision to Prior (1 or more years prior requires complete new submission) <input type="checkbox"/> Phase of Prior Proposal

PLAN INFORMATION

Water Supply	Sewage	Zoning	Parcel Information
<input type="checkbox"/> Public <input type="checkbox"/> Community on-site <input type="checkbox"/> Individual on-lot	<input type="checkbox"/> Public <input type="checkbox"/> Community on-site <input type="checkbox"/> Individual on-lot <input type="checkbox"/> Non-Building Waiver	<input type="checkbox"/> Existing District _____ <input type="checkbox"/> Proposed District _____ Conditional Use Granted <input type="checkbox"/> Yes <input type="checkbox"/> No Variance Granted <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Parcel #: _____ Total Area (acres): _____

ADDITIONAL INFORMATION

Ownership of Roads: <input type="checkbox"/> Public <input type="checkbox"/> Private	Is the property enrolled in Clean & Green? <input type="checkbox"/> Yes <input type="checkbox"/> No	This Plan has been submitted to: <input type="checkbox"/> PennDOT Date: _____ <input type="checkbox"/> Conservation District Date: _____ <input type="checkbox"/> PA DEP Date: _____ <input type="checkbox"/> Other Date: _____
	Is the property in an Agricultural Security Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the property have easements/Deed Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No (if so, please provide)		

I/We authorize the Pike County Office of Community Planning and any authorized agent of the Office to visit/enter this property between 8am and 4pm at their own risk while this Plan is being reviewed.

Landowner Signature _____

Date _____

Applicant Signature _____

Date _____

(If the Applicant is different than the Landowner, the Applicant must sign above)

SPECIAL NOTES

REQUESTS FOR COPIES OF REVIEW LETTER Copies of the Pike County Office of Community Planning review of this proposal will be sent to the Municipality and Surveyor/Engineer. If you wish to have a copy faxed or emailed to another person, please list name and fax/email: _____

MEETINGS WITH THE STAFF of the Pike County Office of Community Planning to discuss applications prior to or during the application process are encouraged and free of charge. Appointments can be made by contacting 570-296-3500.

SIGNING OF PLANS FOR RECORDING We retain 1 paper copy of a final plan with municipal signatures when plans are brought in for signing. Recorder of Deeds requires 2 original signed copies and Mapping Office requires 1 copy.

PLAN REVIEW FEE SCHEDULE*

The following fees will be charged by the Pike County Office of Community Planning for subdivision and land development reviews as authorized by the Pennsylvania Municipalities Planning Code. Plans will not be accepted for review without the appropriate fee and completed application form. If you need assistance in calculating application fee(s), please call us at 570-296-3500.

LOT COMBINATIONS

A subdivision which involves the combinations of existing contiguous lots of record shown on a map on file with the Pike County Recorder of Deeds and which does not involve the creation of any new lot lines.

LOT IMPROVEMENTS

The realignment of lot lines or the transfer of land to increase the size of an existing lot provided the grantor's remaining parcel complies with all provisions of the municipal ordinance AND no new resulting lots are created.

TOTAL REVIEW FEE: \$ 30.00

SUBDIVISIONS

This includes all subdivisions except Lot Consolidations/Improvements as defined above.

BASE REVIEW FEE

for subdivisions with nine (9) or less newly created lots (not including parent parcel) \$150.00
for subdivisions with ten (10) or more newly created lots (not including parent parcel) \$250.00 \$ _____

PLUS

\$10.00 for each newly created lot # new lots _____ x \$10 + \$ _____

TOTAL REVIEW FEE: = \$

LAND DEVELOPMENTS

BASE REVIEW FEE \$ 100.00

PLUS

\$10 for every 1,000 sq. foot of new building footprint + \$ _____

TOTAL REVIEW FEE: = \$

IMPORTANT:

- Revised plans as per our procedures must be submitted for review
- The third review of the original submission or any review submitted more than one year from the original date of submission will be charged a new review fee. Fees in this instance shall be 25% of the above fees.

*Review fees effective January 1, 2011 pursuant to Pike County Commissioners Resolution #10-35 and January 1, 2017 for Resolution #17-06

MAKE CHECKS PAYABLE TO: PIKE COUNTY PLANNING

PCPC USE ONLY	REVIEW CHRONOLOGY			
	Map Date	Date Rec'd	Review Letter Date	PCPC Reviewer
Original	_____	_____	_____	_____
Rev. 1	_____	_____	_____	_____
Rev. 2	_____	_____	_____	_____
		Date Map Stamped:	_____	_____