



# HARBORCREEK TOWNSHIP Subdivision Application

5601 Buffalo Road  
Harborcreek, PA 16421  
(814) 899-3171

Date \_\_\_\_\_

Fee \$ \_\_\_\_\_

Subdivision \$200 plus  
\$25 per lot  
Replot \$100

## Property Information

Erie County Index No. (27) \_\_\_\_\_

Zoning Classification Ag. R-1 R2-A R2-B R2-B R-3  
(Please circle)

Property/Site Address \_\_\_\_\_

PRD R-4 V LF PU B-1 B-2 I

Name of Subdivision \_\_\_\_\_

Developer \_\_\_\_\_

I am applicant  Equitable Owner

Portion of Property to be conveyed \_\_\_\_\_  
Index No. (27) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Property Owner \_\_\_\_\_

I am applicant

Owner's Address \_\_\_\_\_  
(if different then property address)

Engineer/Surveyor \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Proposed Subdivision Information

Type of Application/Subdivision

- Preliminary
- Final
- Minor Subdivision
- Lot Line Revision (Replot)
- Lot Consolidation

Proposed Utilities:

- Public Gas  Well
- Public Water  Well
- Public Sewer  Septic

**Please Note: If applicant is unable to connect to public sewer, a soil perk test results must accompany subdivision application. A Sewage Planning Module must be completed with Erie County Health Department.**

Total Acreage of Land/Tract \_\_\_\_\_

Proposed use of subdivision:

- Single Family  PRD (Refer to regulations for PRD)
- Two-Family  Non-Residential
- Multi-Family  Other \_\_\_\_\_

Total Acreage to be subdivided \_\_\_\_\_

Proposed Lot Width (Frontage) \_\_\_\_\_

Proposed Lot Size \_\_\_\_\_

Proposed Roads to be Dedicated to Township  Yes  No

Proposed Number of Lots \_\_\_\_\_

Proposed Lineal feet of new road(s) \_\_\_\_\_

## Special Conditions

List any modification requests from the Subdivision \_\_\_\_\_

Does the proposed subdivision plan require Re-Zoning?  Yes  No If Yes, what zoning classification \_\_\_\_\_

Was Petition to Re-Zone submitted?  Yes  No If Yes, Date submitted \_\_\_\_\_

## Signature Required

I hereby acknowledge the information contained on the application for subdivision and supporting documents herewith are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_

# Subdivision Application

**TO BE COMPLETED BY ZONING OFFICE**

Date of Submittal \_\_\_\_\_

Advisory Meeting Review      If Yes, Date of Meeting \_\_\_\_\_

Did applicant receive submittal deadline calendar?       Yes     No

Did applicant (if applicable) receive Re-Zoning Approval?       Yes     No      If Yes, Date of Approval \_\_\_\_\_

Submittal of Soil Perk Test

Planning Commission Review      Commission Meeting Date \_\_\_\_\_      Recommendation \_\_\_\_\_

Board of Supervisors Vote      Supervisors Meeting Date \_\_\_\_\_       Approved     Denied

If Denied, Reason \_\_\_\_\_

Engineer's Review      Date forwarded to Engineer \_\_\_\_\_      Date of Engineer's Review Letter \_\_\_\_\_

Erie County Planning Review      Date Applicant submitted to County \_\_\_\_\_

Survey Recorded      Date of Recording \_\_\_\_\_

Sewage Planning Module      Supervisors Review Date \_\_\_\_\_      Planning Commission Review Date \_\_\_\_\_

Zoning Signature \_\_\_\_\_      Date \_\_\_\_\_