

# PIKE CO PLANNING COMMISSION 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  
**PLANNING & MAPPING**  
 506 Broad Street  
 Milford, PA 18337  
 (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:	<input type="checkbox"/>

## 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

<b>Ownership of Roads:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	Is the property enrolled in Clean & Green? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>This Plan has been submitted to:</b> <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 Planning & Mapping Office 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)

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

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**MEETINGS WITH THE STAFF** of the Pike County Planning & Mapping 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 as well.

### FEE SCHEDULE

*Effective August 1, 2024 pursuant to Pike County Resolution #24-18*

*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:** \$ 60.00

**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** \$ 250.00

**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 3<sup>rd</sup> review of the original submission or any review submitted more than 1 year from the original date of submission will be subject to a new review fee. **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:		_____