



ACOPD MUNICIPAL REQUEST FOR REVIEW

SUBDIVISION / LAND DEVELOPMENT PLANS, & OTHER DOCUMENTS FOR REVIEW
PURSUANT TO ACT 247, THE PENNSYLVANIA MUNICIPALITIES PLANNING CODE

INSTRUCTIONS - Please save this file, complete the fields, and submit this application and a copy of the plan and/or document to ACOPD. This form must be signed and submitted by the municipality requesting the review.

MUNICIPAL INFORMATION

To be filled out by designated **Township or Borough Official**.

Tentative meeting dates when proposal may be discussed:

Municipality: _____

Planning Commission: _____

Municipal Official: _____

By signing this line, you are certifying that you are the Official completing this form

Governing Body: _____

Date: _____

Other Meetings (ZHB, etc.): _____

APPLICATION INFORMATION

Title of the Plan or Document: _____

Type of Review Requested (# of days County has to provide comments, per MPC):

- | | |
|----------------------------------------------------|-----------------------------------------|
| _____ Subdivision/ Land Development Plan (30 days) | _____ Municipal SALD Ordinance (45) |
| _____ Municipal Zoning Ordinance (45) | _____ Municipal Comprehensive Plan (45) |
| _____ Ordinance Amendment (30) | _____ Other: _____ |
| _____ Compliance w/ County Zoning Ordinance | |

Subdivision/ Land Development Plan Type:

- _____ Concept/ Sketch _____ Preliminary _____ Prelim/ Final _____ Final

Parcel ID(s) _____

Additional Information: _____

CONTACT INFORMATION FOR REVIEW LETTER

Name of Applicant(s): _____ Phone: _____

Applicant Email Address: _____

SLD Plan Preparer: _____ Email Address: _____

Additional correspondence email(s): _____