



TOWNSHIP of SCOTT

Subdivision / Land Development Application

Type of Application _____ Preliminary _____ Final

Name of Subdivision / Land Development: _____

Location of Subdivision / Land Development: _____

Property Lot and Block Number: _____

Property Owner Information

Name: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Applicant Information (If different from property owner)

Name: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Property Information

Present Classification: _____

Total Contiguous Acreage in Plan: _____

Lot Area: _____ Sq. Ft. Lot Frontage: _____ Feet

Description of Request: _____

In order for the application to be considered complete and properly filed, all sections of the application must be completed and all fees must be included.

I, _____, hereby affirm that all of the information presented in this application and the materials submitted herewith, are true and I understand that I must abide by all applicable Township of Scott Ordinances.

Signature of Applicant: _____ Date: _____

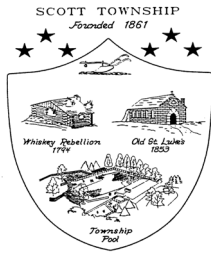
To be completed by the township

Date Filed: _____ Public Hearing Date: _____ Decision Date: _____

Has all the property documentation required been submitted?

Yes _____ No _____

Application Escrow Review Fee \$ _____ Date Paid: _____ Check # _____



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____