

# Municipal Request for Review

This request must be submitted by the municipality to our office with the appropriate plans/information and fee.

Montgomery County Planning Commission  
 P.O. Box 311, Norristown, PA 19404-0311  
 Phone: 610-278-3722  
 Business Hours: 8:30 A.M. to 4:15 P.M.  
 www.montcopa.org/plancom



## To Be Completed By Municipality

Date: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Official's Name: \_\_\_\_\_  
 Municipal Official's Signature: \_\_\_\_\_  
*(Only applications with original signature will be accepted)*  
 Position: \_\_\_\_\_  
 MCPC File Number (If Known): \_\_\_\_\_

## Meeting Dates

Municipal Planning Commission

Date: \_\_\_\_\_

Governing Body

Date: \_\_\_\_\_

## Review Fee

Fee Attached \$ \_\_\_\_\_  Fee Under Separate Cover  Fee Not Applicable

No Meeting Scheduled

## To Be Completed By Applicant

Development Name: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Applicant Phone: \_\_\_\_\_  
 Applicant Representative: \_\_\_\_\_  
 Phone/Email (During business hours): \_\_\_\_\_

## Zoning:

Existing District  
 Proposed District  
 Special Exception Granted  Yes  No  
 Variance Granted  Yes  No For \_\_\_\_\_

## Plan Information:

Tax Parcel Number \_\_\_\_\_  
 Block and Unit Number \_\_\_\_\_  
 Total Area \_\_\_\_\_

## Type of Review Requested: (Check All Appropriate Boxes)

- Unofficial Sketch Plan (No Fee)
- Subdivision Plan
- Land Development Plan
- Zoning Ordinance or Map Amendment (No Fee)
- Subdivision Amendment (No Fee)
- Curative Amendment (No Fee)
- Other: \_\_\_\_\_

Land Use(s)	Number of New		Senior Housing		Open Space Acres	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

## Type of Plan:

- Tentative (Sketch)
- Preliminary
- Final

## Type of Submission:

- New Proposal
- Revision to Prior Proposal
- Phase of Prior Proposal

## Proposed Utilities:

Type		Capacity	
Water	Sewer	Water	Sewer
<input type="checkbox"/> Public	<input type="checkbox"/> Public	Available	<input type="checkbox"/>
<input type="checkbox"/> On-Site	<input type="checkbox"/> On-Site:	Not Available	<input type="checkbox"/>
<input type="checkbox"/> Package	<input type="checkbox"/> Centralized	Unknown	<input type="checkbox"/>
	<input type="checkbox"/> Individual		

## Additional Information: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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