

**ASHLEY BOROUGH  
MINOR SUBDIVISION APPLICATION**

APPLICATION NO. \_\_\_\_\_

1. **APPLICANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

2. **OWNER OF RECORD**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ATTACH ADDITIONAL SHEET IF NECESSARY

3. **REGISTERED SURVEYOR/ENGINEER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

4. **LOCATION/ADDRESS OF PROPERTY TO BE SUBDIVIDED:**

\_\_\_\_\_

5. **LUZERNE COUNTY TAX MAP DESCRIPTION:**

VOLUME \_\_\_\_\_ PAGE \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

ATTACH A COPY OF THE CURRENT DEED OF RECORD FOR THE  
SUBJECT PROPERTY.

6. **LINEAR DIMENSIONS OF LOT AND TOTAL AREA (SQUARE FEET  
AND ACREAGE) OF LOT PRIOR TO SUBDIVISION:**

\_\_\_\_\_

7. **LINEAR DIMENSIONS OF EACH LOT AND TOTAL SQUARE FEET AND ACREAGE OF EACH LOT TO BE CREATED UPON SUBDIVISION APPROVAL**

LOT #1\* \_\_\_\_\_  
LOT #2 \_\_\_\_\_  
LOT #3 \_\_\_\_\_  
LOT #4 \_\_\_\_\_  
LOT #5 \_\_\_\_\_  
LOT #6 \_\_\_\_\_

\* Lot #1 will represent the remaining balance from the original lot of record which will be subdivided to create balance of the other 5 new lots being proposed.

**ATTACH COPIES OF PROPOSED DEED DESCRIPTIONS OF ALL LOTS TO BE CREATED.**

8. **ZONING DISTRICT(S) IN WHICH THE PROPERTY IS LOCATED:**

\_\_\_\_\_

9. **HAS THE ZONING OFFICER REVIEWED THE PROPOSED SUBDIVISION?**

YES       NO

**BASED UPON THE ZONING OFFICER'S REVIEW, WILL ANY VARIANCES BE REQUIRED UNDER THE ASHLEY BOROUGH ZONING ORDINANCE?**

YES     NO

**IF YES, SPECIFY THE REQUIRED VARIANCES PER THE DECISION OF THE ZONING OFFICER.**

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

10. **PROPOSED TYPE OF SEWAGE DISPOSAL:**

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APPROPRIATE SEWAGE PLANNING MODULE IS REQUIRED IN ACCORDANCE WITH THE GOVERNING REGULATIONS OF THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION.

11. **NARRATIVE REPORT, WITH SUFFICIENT DETAIL, ON NATURE OF PROPOSED DEVELOPMENT AND INTENDED USE AND DISPOSITION OF SUBDIVIDED PROPERTY.**
12. **ARE ANY MODIFICATIONS FROM THE ASHLEY BOROUGH SUBDIVISION AND LAND DEVELOPMENT ORDINANCE REQUESTED?**

YES  NO

IF YES, SPECIFY BELOW THE REQUESTED MODIFICATIONS AND SECTIONS AND/OR PROVISIONS OF THE ORDINANCE RELATED TO SUCH REQUEST.

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ATTACH ADDITIONAL SHEETS IF NECESSARY

STATE IN FULL BELOW THE GROUNDS AND/OR FACTS OF UNREASONABLENESS OR HARDSHIP TO SUPPORT THE REQUESTED MODIFICATION(S).

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ATTACH ADDITIONAL SHEETS IF NECESSARY

13. **PROVIDE AN ORIGINAL AND FIVE (5) COPIES OF THE MINOR SUBDIVISION APPLICATION WITH APPLICABLE TOWNSHIP FEES AND EIGHT (8) PREFOLDED COPIES OF THE SUBDIVISION PLAN.**
14. **AS APPLICABLE ATTACH FIVE (5) COPIES OF:**
- A. CERTIFICATION OF OWNERSHIP (DEED OF RECORD).**
  - B. EXISTING AND PROPOSED EASEMENTS AND DEED**

RESTRICTIONS, IF ANY.

- C. APPROVED DEP SEWAGE PLANNING MODULE.
- D. IF APPLICABLE, APPROVED HIGHWAY OCCUPANCY PERMIT.
- E. IF APPLICABLE, LETTERS OF CERTIFICATION FROM SUBJECT UTILITY COMPANIES INDICATING THAT PROPER WATER, SEWAGE, ELECTRICAL AND OTHER FACILITIES HAVE BEEN INSTALLED WITH CURRENT AVAILABLE SERVICE TO THE SUBJECT LOTS AND/OR ANY CONDITIONS REQUIRED FOR THE PROVISION OF SERVICE.

**CERTIFICATION OF INFORMATION AND PAYMENT OF CONSULTING FEES**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO PAY FOR ALL CONSULTING FEES INCURRED BY ASHLEY BOROUGH FOR THE REVIEW AND INSPECTION OF THIS APPLICATION AND ACCOMPANYING PLANS AS SO REQUIRED AND DIRECTED BY ASHLEY BOROUGH. SAID PAYMENT, IN FULL, SHALL BE SUBMITTED TO ASHLEY BOROUGH WITHIN 30 DAYS FROM BILLING DATE INDICATED UPON THE INVOICE OR NOTICE OF PAYMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/DEVELOPER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER  
(OWNER OF RECORD AS PROVIDED BY DEED)

\_\_\_\_\_  
DATE

**THE OWNER'S SIGNATURE IS ALWAYS REQUIRED. FAILURE TO PROVIDE OWNER'S SIGNATURE WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE AND IT WILL BE RETURNED TO YOU.**

**THE INDIVIDUALS SIGNING THIS APPLICATION, OR THEIR DESIGNATED REPRESENTATIVE, MUST ATTEND THE APPROPRIATE ASHLEY BOROUGH PLANNING COMMISSION MEETINGS TO RESPOND TO ANY QUESTIONS. FAILURE TO DO SO MAY RESULT IN DISAPPROVAL OF THE PROPOSED SUBDIVISION.**

**TO BE COMPLETED BY ASHLEY BOROUGH**

- A) ASHLEY BOROUGH APPLICATION FEE AND DATE RECEIVED
- B) THE DATE PLANS AND APPLICATION WERE SUBMITTED OR MAILED TO LUZERNE COUNTY PLANNING COMMISSION \_\_\_\_\_
- C) FIRST MEETING DATE AT WHICH THIS SUBDIVISION PLAN WAS CONSIDERED BY THE ASHLEY BOROUGH PLANNING COMMISSION.
- \_\_\_\_\_
- D) ATTACH COMMENTS AND/OR RECOMMENDATIONS OF ANY CONSULTANT TO ASHLEY BOROUGH AND COMMENTS OF THE LUZERNE COUNTY PLANNING COMMISSION
- E) DECISION RENDERED AND DATE OF DECISION BY THE ASHLEY BOROUGH PLANNING COMMISSION
- F) DATE OF MAILING OF WRITTEN NOTIFICATION OF DECISION TO APPLICANT \_\_\_\_\_

**MUST BE MAILED OR DELIVERED WITHIN 15 DAY'S FROM THE DATE OF THE DECISION.**