

**BOROUGH OF WEST READING**

**APPLICATION FOR REVIEW OF A FINAL  
SUBDIVISION / LAND DEVELOPMENT PLAN**

The undersigned hereby applies for Review by the Borough of West Reading of a FINAL Subdivision / Land Development Plan submitted herewith and described below:

1. Name of Subdivision/ Land Development: \_\_\_\_\_
2. Plan Dated: \_\_\_\_\_
3. Property PIN# \_\_\_\_\_
4. Name of property owner(s): \_\_\_\_\_  
(if corporation, list corporation's name and address and two officers of corporation)  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
5. Name of Applicant: \_\_\_\_\_  
(if other than owner)  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
6. Applicant's interest if other than owner: ( ) Equitable Owner  
( ) Agent for Owner
7. Engineer, Architect, Surveyor, or Landscape Architect  
responsible for plan: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
8. Total acreage: \_\_\_\_\_ Number of Lots: \_\_\_\_\_
9. Acreage of adjoining land in same ownership (if any): \_\_\_\_\_
10. Type of development planned: ( ) Single family  
( ) Two-family  
( ) Row / Townhouse  
( ) Multi-family  
( ) Commercial  
( ) Industrial  
( ) Other (Specify) \_\_\_\_\_
11. Will construction of buildings be undertaken immediately? ( ) Yes, ( ) No  
By whom? ( ) Subdivider  
( ) Other developers  
( ) Purchasers of individual lots
12. Type of water supply proposed: ( ) Public (municipal) System  
( ) Individual on-site

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- (by): \_\_\_\_\_  
(please print)

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**TO BE FILLED IN BY PLANNING COMMISSION**

1. Date application was received \_\_\_\_\_  
Amount of fee paid \_\_\_\_\_
2. Date reviewed by Planning Commission \_\_\_\_\_
3. Referrals and dates:
  - (a) County Planning Commission \_\_\_\_\_
  - (b) Borough Engineer \_\_\_\_\_
  - (c) State Department of Environmental Protection \_\_\_\_\_
  - (d) Borough Zoning Officer \_\_\_\_\_
  - (e) Others \_\_\_\_\_
4. Reports received:
  - (a) County Planning Commission \_\_\_\_\_
  - (b) Borough Engineer \_\_\_\_\_
  - (c) State Department of Environmental Protection \_\_\_\_\_
  - (d) Borough Zoning Officer \_\_\_\_\_
  - (e) Others \_\_\_\_\_
5. Planning Commission Action (for Final Plan):  
Date of Action: \_\_\_\_\_
  - ( ) Recommended for Approval
  - ( ) Recommended approved subject to the following modifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - ( ) Recommended disapproved for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attest:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Chairman