

Trappe Borough

525 West Main Street Trappe, PA 19426
Phone: 610.489.7181 Fax: 610.489.8827
Website: www.trappeborough.com



OVERLAY DISTRICT APPLICATION

DIRECTIONS:

1. Complete, sign and date the Information Sheet. Applicant must submit thirty (30) copies to the Borough.
2. Applicant must provide thirty (30) copies of any plan, submission, drawing, document, diagram, photograph and any other information to be submitted for review to the Borough.
3. Complete, sign, date and submit the Pennsylvania Municipalities Planning Code Waiver of Review Form to the Borough.
4. Complete, sign, date and submit the “*Overlay District Escrow Agreement*” to the Borough.
5. Applicant must obtain the Montgomery County Planning Committee’s Municipal Request for Review Form, complete the section titled “To Be Completed by Applicant” and submit one (1) copy to the Borough, with the applicable Act 247 fee, payable to “Montgomery County”.
6. Pay the required application and escrow fees. All checks must be payable to “Trappe Borough”. See the current year Trappe Borough Fee Schedule “Overly District”.
7. All documentation and fees must be received by Trappe Borough at the same time or the application will be rejected.
8. ***Please note: All items must be received at least thirty-five (35) days before the Planning Commission's advertised monthly meeting to be included on that meeting's agenda.***

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Applicant Information

APPLICANT(s): _____

Owner of Record Equitable Owner

Other _____

MAILING ADDRESS: _____

CONTACT: PHONE: _____ CELL: _____

FAX: _____

E-MAIL ADDRESS: _____

Please Print Legibly

Property Information

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TAX PARCEL NO(s): _____

UNIT: _____ BLOCK: _____

ZONING DISTRICT(s): _____

LOT SIZE: _____

LOT FRONTAGE: _____

LOT DEPTH: _____

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Property Information *(continued)*

CURRENT USE(S): _____

CURRENT IMPROVEMENTS: _____

PROPOSED USE(S): _____

PROPOSED IMPROVEMENTS: _____

Consultant Information

ENGINEER: _____

ENGINEERING FIRM: _____

MAILING ADDRESS: _____

CONTACT: PHONE: _____ CELL: _____

EMAIL: _____

ATTORNEY: _____

MAILING ADDRESS: _____

CONTACT: PHONE: _____ CELL: _____

E-MAIL: _____

Please Print Legibly

The undersigned Applicant hereby attests that all information included as part of this land development application is true to the best of Applicant's knowledge, understanding and belief.

Signature: _____ Date: _____

Printed Name: _____

FOR BOROUGH USE ONLY:

Permit Fee: \$ _____ Escrow Fee: \$ _____ Total Fee: \$ _____

Paid: Cash or Check №: _____ Date: _____ Amount \$ _____ Approved: _____