

**SPRING TOWNSHIP**  
1309 Blanchard Street  
Bellefonte, PA 16823  
814-355-5067 Fax 814-355-2801

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**APPLICATION FOR PLAN REVIEW**

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FILE NO. \_\_\_\_\_  
DATE \_\_\_\_\_

PRE-SUBMISSION CONSULTATION  
Applicant agrees to reimburse the Township for  
any pre-submission consultation fees.

Name of Plan: \_\_\_\_\_ Applicant \_\_\_\_\_ Date \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address for Engineering Services: \_\_\_\_\_

Location of Plan: \_\_\_\_\_

Acreage of Plan: \_\_\_\_\_ Number of lots or units: \_\_\_\_\_

Plans Prepared By: \_\_\_\_\_

Date of Plans: \_\_\_\_\_

**CHECKLIST OF PAPERS REQUIRED**

The (2) copies minimum of all submission materials plus one electronic media copy of all materials to be submitted. Additional copies of some materials may be required. Applicant shall consult with the Township Zoning Officer prior to submission.

FEES: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

I/We certify that the above information is correct and further agree to reimburse Spring Township for the cost of Engineering Services, Materials Testing and other site inspections as required by Spring Township throughout the course of our development.

Signature: \_\_\_\_\_  
Owner or Authorized Agent

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