

**North Middleton Township**  
2051 Spring Road, Carlisle, PA 17013  
Telephone: 717-243-5639 Fax: 717-243-1135  
Email: [codes@nmiddleton.com](mailto:codes@nmiddleton.com)

**Application for consideration of a Sketch, Subdivision  
and/or Land Development Plan**

Please contact the Township's Building Codes Officer for a copy of the resolution for application fees, escrow fees and recreational fees.

(For Township Use Only)

Plan No.: \_\_\_\_\_ Date of Receipt/Filing: \_\_\_\_\_

Township Filing Fees Paid: \_\_\_\_\_ Township Plan Review Escrow Paid: \_\_\_\_\_

**The undersigned hereby applies for approval under the North Middleton Township Subdivision and Land Development Ordinance:**

1. Plan Name: \_\_\_\_\_

Plan No.: \_\_\_\_\_ Plan Date: \_\_\_\_\_

2. Project Location: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

4. Land Use and Number of Lots and/or Units (indicate answer by number of lots or units):

- |                                      |                              |
|--------------------------------------|------------------------------|
| _____ Single Family (Detached)       | _____ Commercial             |
| _____ Multi-Family (Attached-Sale)   | _____ Industrial             |
| _____ Multi-Family (Attached-Rental) | _____ Institutional          |
| _____ Mobile Home Park               | _____ Other (please specify) |
- \_\_\_\_\_

5. Total Acreage: \_\_\_\_\_ 6. Zoning District: \_\_\_\_\_

7. Application Classification:

- |                              |                                |
|------------------------------|--------------------------------|
| _____ Pre-Application Review | _____ Revised Preliminary Plan |
| _____ Preliminary Plan       |                                |
| _____ Final Plan             | _____ Revised Final Plan       |

8. Name of Applicant (if other than owner): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_
9. Firm Which Prepared Plan: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Person Responsible for Plan: \_\_\_\_\_
10. Is a Zoning Variance, Special Exception, Conditional Use or Waiver Approval Necessary?  
 \_\_\_\_\_ Yes (If yes, please specify) \_\_\_\_\_ No  
 \_\_\_\_\_
11. Type of Water Supply Proposed:  
 \_\_\_\_\_ Public \_\_\_\_\_ Semi-Private \_\_\_\_\_ Individual
12. Type of Sanitary Sewage Disposal Proposed:  
 \_\_\_\_\_ Public \_\_\_\_\_ Semi-Private \_\_\_\_\_ Individual
13. Lineal Feet of New Street: \_\_\_\_\_
14. Sewer Facilities Plan Revision or Supplement Number \_\_\_\_\_ and Date Submitted  
 \_\_\_\_\_.

The undersigned hereby represents that, to the best of his knowledge and belief, all information listed above is true, correct, and complete.

\_\_\_\_\_  
 Signature of Landowner or Applicant

\_\_\_\_\_  
 Date

**The required number of plans, application fees, escrow fees, written Modification of Requirements, and supplemental information must be submitted for the application to be deemed complete. All information must be submitted by the 1st day of the month to be placed on the following months Planning Commission meeting.**

**The Township will forward required plans and/or PaDEP planning modules to the North Middleton Authority.**