



**County Of Chester  
Subdivision / Land Development Information Record Form**

**\*Required**

\*UPI: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (e.g.: 1 - 8 - 45 )

Township: \_\_\_\_\_

\*Name of subdivision: \_\_\_\_\_

\*Site Address or Street intersection: \_\_\_\_\_  
 (e.g.: 201 W Market St. or NE Corner of W Market St & N New St)

\*Developer: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Developer's Mailing Address: \_\_\_\_\_

\*Property Owner: \_\_\_\_\_

Agent/Consultant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent/Consultant's Mailing Address: \_\_\_\_\_

\*Number of New Lots Proposed: \_\_\_\_\_, and \_\_\_\_\_ Existing Dwellings

\*Development of Existing Lot: \_\_\_\_ \*Existing Structure, Change in Use: \_\_\_\_ (e.g.: gas station to bank) Explain: \_\_\_\_\_

**\*Type of Development:**

- \_\_\_ Residential Subdivision
- \_\_\_ Non-Residential Subdivision
- \_\_\_ Non-Building
- \_\_\_ Lot Line Change
- \_\_\_ Change of Use

**\* Type of Sewage Disposal:**

- \_\_\_ Individual
- \_\_\_ Community
- \_\_\_ Public
- \_\_\_ Clean Streams
- \_\_\_ Other: \_\_\_\_\_

**\*Water Supply**

- \_\_\_ Individual
- \_\_\_ Public
- \_\_\_ None

**NOTICE:** Failure to properly complete this form can result in delaying the start of your project.

**FOR CHESTER COUNTY HEALTH DEPARTMENT USE ONLY**

Unique I. D. # \_\_\_\_\_

Subdivision Review Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_