



Patton Township
100 Patton Plaza
State College, PA 16803
Office – (814) 234-0271 Fax – (814) 238-7790
Email: zoning@twp.patton.pa.us Website: <http://twp.patton.pa.us>

APPLICATION FOR PLAN REVIEW

Submission Date: _____

Tax Parcel No.: _____

Location of Project: _____

Size of Project (acres & number of lots): _____

Plan Title: _____

Type of Plan: _____

Owner's Name & Address: _____

Applicant's Name & Address: _____
(include Contact Person)

Billing Address for Engineering Services: _____
(include Contact Person)

Engineering Firm: _____

Project Engineer: _____

Phone / Fax: _____

Email: _____

Checklist of Documents Required:

Initial Submission:

- | | |
|--|--|
| <input type="checkbox"/> 7 Full Set Prints | <input type="checkbox"/> 3 Copies of Stormwater Management/E & S Reports |
| <input type="checkbox"/> 5 Partial Set Prints | <input type="checkbox"/> Traffic Impact Study (TIS), if required |
| <input type="checkbox"/> 1 Copy of Project Narrative | |

Fee: \$ _____ Date Paid: _____ Check No. _____

I certify that the above information is true and correct. I agree to reimburse Patton Township for the cost of engineering services, material testing, and other site inspections as required by Patton Township throughout the course of the land development project.

Signature: _____ Date: _____