



MARSHALL TOWNSHIP  
 525 PLEASANT HILL ROAD  
 SUITE 100  
 WEXFORD, PA 15090

## COMMERCIAL LAND DEVELOPMENT APPLICATION

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_ File Number: \_\_\_\_\_

**Refer: Marshall Township Subdivision & Land Development Ordinance, Township Code Chapter 178-205**

**TOWNSHIP FILING FEES:** (Checks made payable to Marshall Township )

- \$1,000 plus \$100 for each acre or fraction thereof over 2 acres;
- \$10,000 deposit for review fees incurred by the Township;
- Digital Submittal Waiver Fee: \$50 for each 500 square feet of building footprint area;
- Modification/Waiver Request: \$150 per request; and
- \$300 conditional use fee and \$500 deposit (applicant is responsible for all professional/consultant fees, including but not limited to legal, engineering and traffic. Applicant is responsible for one-half of stenographer's fee, if applicable.).

**MTMSA FEES:** (Checks should be made payable to MTMSA)

- Site Plan/1 Lot \$50.00
- 2-10 Lot Subdivision \$100.00
- 11-20 Lot Subdivision \$150.00
- Over 20 Lot Subdivision \$200.00
- Plan Revisions \$50.00/revision
- In addition to the foregoing fees, all legal, engineering, and other expenses actually incurred by the Authority in the review of plans shall be paid by the party submitting plans for review. Checks should be made payable to MTMSA.

[For Planning Commission review only]:

Plan/Report Submission Copies (**plans must be folded**):

- 5 full size
- 11 half size (not smaller than 11 x 17)
- 1 application
- 2 copies of applicable reports
- Above filing fees

Call the Planning Commission Secretary at 724.935.3090 x 108 for revised plan submission and/or Board of Supervisors submission requirements.

<i>For TOWNSHIP Use</i>		
CONDITIONAL USE:	YES _____	NO _____
HEARING ANTICIPATED:	YES _____	NO _____
DATE OF HEARING: _____	DATE ADVERTISED: _____	
DATE POSTED: _____		
IN CORRIDOR ENHANCEMENT OVERLAY DISTRICT:	YES _____	NO _____

## Checklist of Fees Submitted

### Township Fees

PLEASE NOTE: CHECKS SHOULD BE MADE PAYABLE TO MARSHALL TOWNSHIP

Fee:	Amount Submitted:
<ul style="list-style-type: none"> <li>• <b>Base:</b> \$1,000 plus \$100 for each acre or fraction thereof Over 2 acres</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Deposit:</b> \$10,000 deposit</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Modification Request:</b> Modification/Waiver Request: \$150 per request</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Digital Submittal Waiver Fee:</b> \$50 for each 500 sq. feet of building footprint area</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Conditional Use:</b> \$300</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Conditional Use Deposit:</b> \$500</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Planning Module Review (if applicable):</b> \$200</li> </ul>	_____
<b>TOTAL:</b>	_____

### MTMSA Fees

PLEASE NOTE: CHECKS SHOULD BE MADE PAYABLE TO MTMSA

Fee:	Amount Submitted:
<ul style="list-style-type: none"> <li>• <b>Site Plan/ # of Lots: (select one)</b> Site Plan/1 lot = \$50 2-10 lot Subdivision = \$100 11-20 lot Subdivision = \$150 Over 20 lot Subdivision= \$200</li> </ul>	_____
<ul style="list-style-type: none"> <li>• <b>Plan Revision Fee:</b> \$50 per revision</li> </ul>	_____
<b>TOTAL:</b>	_____

*In addition to the foregoing fees, all legal,  
Engineering and other expenses actually incurred  
By the Authority in the review of plans shall be  
Paid by the party submitting the plans for review      Fees will be billed if incurred*

IF ALL ABOVE FEES ARE NOT SUBMITTED AT TIME OF APPLICATION, THE APPLICATION WILL BE DEEMED INCOMPLETE AND RETURNED TO THE APPLICANT

2021

NAME OF COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

<b>Conditional Uses:</b>	
<input type="checkbox"/> Drive-Through Facility [§208-2604(L)]	<input type="checkbox"/> Hotel, Motel & Hotel-Office Complex [§208-2604(R)]
<input type="checkbox"/> Medical Clinic or Laboratory [§208-2604(W)]	<input type="checkbox"/> Colleges & Universities [§208-2604(M)]
<input type="checkbox"/> Home Occupations [§208-304(B)]	

**AREA AND BULK REGULATIONS**  
Public Sewer and Water required in all cases.

<u>REQUIREMENTS</u>	<u>PROPOSED SITE</u>
1. Lot size:	_____ ac.
2. Lot width at building setback line:	_____ ft.
3. Lot width at street line	_____ ft.
4. Impervious surface, including pavement, principal & accessory buildings	_____ %
5. Front yard:	_____ ft.
6. Side yard	_____ ft.
7. Rear yard:	_____ ft.
8. Maximum building height measured at the lowest grade abutting a building:	_____ ft.
9. Lot depth:	_____ ft.

**PARKING REQUIREMENTS WORK SHEET**

See Article 1900

Floor Area of proposed building for use component:

\_\_\_\_\_ Sq. ft. + requirement = \_\_\_\_\_ spaces

\_\_\_\_\_ Sq. ft. + requirement = \_\_\_\_\_ spaces

\_\_\_\_\_ Sq. ft. + requirement = \_\_\_\_\_ spaces

Number of employees (largest shift):

\_\_\_\_\_ Number of employees \_\_\_\_\_ spaces required

Number of rooms (hotel):

\_\_\_\_\_ Number of rooms \_\_\_\_\_ spaces required

Number of seats (restaurants, etc.):

\_\_\_\_\_ Number of seats \_\_\_\_\_ spaces required

Number of units:

\_\_\_\_\_ Number of units \_\_\_\_\_ spaces required

Number of staff:

\_\_\_\_\_ Number of staff \_\_\_\_\_ spaces required

Number of students:

\_\_\_\_\_ Number of students \_\_\_\_\_ spaces required

Number of courts:

\_\_\_\_\_ Number of courts \_\_\_\_\_ spaces required

Number of rooms:

\_\_\_\_\_ Number of rooms \_\_\_\_\_ spaces required

Other:

\_\_\_\_\_ Amount \_\_\_\_\_ spaces required

\_\_\_\_\_ Amount \_\_\_\_\_ spaces required

If additional calculations are required, please attached separate page.

Total spaces required: \_\_\_\_\_

**PARKING REQUIREMENTS WORK SHEET**

See Section 208- 1908

Gross Floor Area of Building	Number of Spaces*
1,000 - 19,000	1
20,000 - 79,999	2
80,000 - 127,999	3
128,000 - 191,000	4
192,000 - 255,999	5
256,000 - 319,999	6
320,000 - 391,999	7
(In Square Feet)	
Plus one (1) space for each additional 72,000 square feet or fraction thereof.	
* Minimum dimensions of 12 feet x 55 feet and overhead clearance of 14 feet from street grade required for each space.	

Number of space provided: \_\_\_\_\_ spaces

**GRADING**

Township Code, Chapter 88:

A GRADING PERMIT will be required if any of the following limitations are exceeded (includes excavation for structures):

<u>LIMITATIONS</u>	<u>PROPOSED SITE</u>
1. Maximum vertical depth measured from existing grade – 5 ft.	_____ ft.
2. Maximum area of site grading – 20%	_____ %
3. Maximum area of grading – 6,000 sq. ft.	_____ sq. ft.
4. Maximum volume of grading (includes cuts & fill) – 250 cu. Yds	_____ cu. yds.

**GENERAL INFORMATION**

1. Water Supply: Type: \_\_\_\_\_

If public, provider: \_\_\_\_\_

2. Sewage Disposal: Type: \_\_\_\_\_

If public, provider: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interest in this development plan:

# PROJECT RESPONSIBILITY FORM:

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## FINANCIAL RESPONSIBILITY

PROJECT NAME: \_\_\_\_\_

NAME OF PERSON OR ENTITY RESPONSIBLE FOR MAINTAINING ESCROW BALANCE:

\_\_\_\_\_

MAILING ADDRESS WHERE ESCROW STATEMENTS WILL BE SENT:

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

SIGNATURE:

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## PROJECT MANAGEMENT RESPONSIBILITY

NAME OF PERSON RESPONSIBLE FOR RECEIVING AND SIGNING THE TOWNSHIP CONDITIONS OR DENIAL LETTER

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

SIGNATURE:

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### -MUNICIPAL USE ONLY-

TOWNSHIP FILE #: \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

ESCROW AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_

DIGITAL SUBMITTAL WAIVER FEE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

MTMSA FEE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

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**SUBDIVISION AND LAND DEVELOPMENT REVIEW APPLICATION**  
**MPC §502(b) County Advisory Review**

**COUNTY REVIEW REQUIRED: Municipality has adopted a subdivision and land development ordinance**

Complete and submit with plans and other information M-F, 8:30 AM - 4:00 PM to:  
ACED Planning Division, One Chatham Center, Suite 900, 112 Washington Place, Pittsburgh, PA 15219

For questions, help, or additional information please email [ACEDPlanning@alleghenycounty.us](mailto:ACEDPlanning@alleghenycounty.us)

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**Part 1: General Information**

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Plan Preparer:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Application Status:**     Preliminary Plan     Final Plan

**Application Type:**

Plat Adj./Lot Consolidation  
 Minor Subdivision/Site Development  
 Major Subdivision/Site Development

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**Part 2: Location Information**

**Project Name:** \_\_\_\_\_

**Municipality:** \_\_\_\_\_



Address/Location of Project: \_\_\_\_\_

Tax Map Parcel(s) #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Part 3: Zoning Information**

**Zoning:**

Existing: \_\_\_\_\_

Proposed: \_\_\_\_\_ (if applicable)

Variances Requested:  Yes  No (if yes, please attached description of all variances requested or approved)

Conditional Use:  Yes  No

Special Exception:  Yes  No

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**Part 4: Project Information**

Total Plan Area: \_\_\_\_\_ (acres)  
\_\_\_\_\_ (square feet)

Total Acreage to be Developed: \_\_\_\_\_

Total Impervious Area (Sq. Ft.): \_\_\_\_\_

Total Building Area (Sq. Ft.): \_\_\_\_\_

**Phasing:**

Is the development proposed to be constructed in phases?  Yes  No

If Yes, a phasing plan and a schedule of the projected dates that the final application for each phase will be filed must be provided.

**Proposed Utilities:**

	Water	Sewer
Public:	<input type="checkbox"/>	<input type="checkbox"/>
Onsite:	<input type="checkbox"/>	<input type="checkbox"/>

**Street Information:**

Ownership (check any that apply):

<input type="checkbox"/> State	<input type="checkbox"/> Local
<input type="checkbox"/> County	<input type="checkbox"/> Private

Lineal feet of new streets: \_\_\_\_\_

**Part 5: Notification to Others**

As applicable, the following agencies have been notified about the proposed subdivision or site development:

- County Health Department  
Date: \_\_\_\_\_
- County Public Works  
Date: \_\_\_\_\_
- County Conservation District  
Date: \_\_\_\_\_

- PennDOT  
Date: \_\_\_\_\_
  - PA DEP  
Date: \_\_\_\_\_
  - Other: \_\_\_\_\_  
Date: \_\_\_\_\_
- 

The applicant declares the following:

- He/she is the owner of the property in question; OR
- He/she is the authorized agent for the owner of record to the property for which the application is made; OR
- He/she is a beneficial land owner as defined by the PA Municipalities Planning Code (MPC). If this box is checked, a copy of the agreement recorded with the ACDRE authorizing the applicant to subdivide or develop the property must be provided.

*I/We hereby submit the enclosed land development application to the Allegheny County Department of Economic Development for review and consideration in accordance with the PA Municipalities Planning Code (Act 247 of 1968, as amended) and Art. III §780-302 of the Allegheny County Subdivision and Land Development Ordinance:*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Revised August 2021