



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

FAST TRACK APPROVAL
LAND DEVELOPMENT APPLICATION

Date Submitted: _____
Date Received: _____

Development Permit No. _____
File No. _____

Refer: Marshall Township Subdivision Ordinance, Township Code Chapter 174-205

Concept _____ Preliminary _____ Final _____

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

- \$250 application fee;
- \$250 deposit;
- Digital Submittal Waiver Fee: \$50 for per lot;

MTMSA FILING FEES: (Checks made payable to MTMSA)

- Site Plan/1 Lot \$50
- 2-10 Lot Subdivision \$100
- 11-20 Lot Subdivision \$150
- Over 20 Lot Subdivision \$200
- Plan Revisions \$50/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 Board of Supervisors 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
- Digital Submittal in AutoCAD drawing (.dwg), AutoCAD interchange (.dxf) format, or GIS data sources (geodatabase feature class, coverage, or shapefile) **on a thumb drive**
- Above filing fees

Call the Planning Commission Secretary at 724.935.3090 x 208 for revised plan submission and/or Board of Supervisors submission requirements.

Checklist of Fees Submitted Fast Track Approval

Township Fees

PLEASE NOTE: CHECKS SHOULD BE MADE PAYABLE TO MARSHALL TOWNSHIP

Fee:	Amount Submitted:
• Base: \$250	_____
• Deposit: \$250	_____
• Digital Submittal Waiver Fee: \$50 for each 500 sq. feet of building footprint area	_____
TOTAL:	_____

MTMSA Fees

PLEASE NOTE: CHECKS SHOULD BE MADE PAYABLE TO MTMSA

Fee:	Amount Submitted:
• Site Plan/ # of Lots: (select one) Site Plan/1 lot = \$50; 2-10 lot Subdivision = \$100; 11-20 lot Subdivision = \$150; Over 20 lot Subdivision= \$200	_____
• Plan Revision Fee: \$50 per revision	_____
TOTAL:	_____

*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 WIL BE DEEMED INCOMPLETE AND RETURNED TO
THE APPLICANT.**

Detailed description of what is being proposed (attach additional sheets if necessary): _____

Name of Plan of Lots: _____

Location of Property: _____

Acreage: _____ Estimated No. Lots in entire Plan: _____

Tax Identification Numbers: _____

Estimated date when development is contemplated: _____

Estimated number of lots to be developed initially: _____

Number of new streets constructed: _____

Streets proposed for dedication: _____ Yes (public) _____ No (private)

Name and length of each street and number of proposed drains for each:

Applicant/Developer: _____ Telephone No. _____

Address: _____

Email Address: _____

Property Owner (if different from applicant): _____

Telephone No.: _____

Email Address: _____

Applicant's Agent: _____ Telephone No.: _____

Address: _____

Email Address: _____

2022

Engineer/Surveyor: _____ Telephone No.: _____

Address: _____

Email Address: _____

Zoning Classification: _____ Proposed Use: _____

Is site located within Floodplain District? _____

Water Supply: _____ Public; _____ Community; _____ Individual on-lot

Sanitary Sewage: _____ Public; _____ Community; _____ Individual on-lot

Names of adjacent property owners: _____

Existing rights of way & easements: _____

Have permits to use State & County drainage facilities been obtained? _____

Have applicants purchased additional ground from adjacent property owners? If so, from whom? _____

If applicant is a corporation, give names of principal officers & stockholders:

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:

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:

PROJECT MANAGEMENT RESPONSIBILITY

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

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE:

-MUNICIPAL USE ONLY-

TOWNSHIP FILE #: _____

APPLICATION FEE: _____ CHECK #: _____

ESCROW AMOUNT: _____ CHECK #: _____

DIGITAL SUBMITTAL WAIVER FEE: _____ CHECK #: _____

MTMSA FEE: _____ CHECK #: _____
