

**NORTHEASTERN YORK COUNTY SEWER AUTHORITY  
SUBDIVISION OR LAND DEVELOPMENT APPLICATION**

1. Plan Name: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

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

3. Project Narrative (Explain in detail the purpose of the plan):

Current Use and Description of Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Use and Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Property Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

5. Name of Applicant (if different than owner): \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

6. Firm which prepared the Plan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

7. Application Classification:  
\_\_\_\_\_ Two-lot residential subdivisions (\$50.00 filing fee)  
\_\_\_\_\_ Commercial, Industrial, Residential subdivisions (more than two lots) (\$150.00 filing fee)

8. Please list the total number of lots and/or units that are proposed to be developed: \_\_\_\_\_

9. Total acreage of property under review: \_\_\_\_\_

This completed form, 1 physical copy of the proposed plan, and a check to NEYCSA for the filing fee shall be delivered directly to the Sewer Authority at 200 North Main Street, Mount Wolf, PA 17347. In addition, an electronic copy of the plan must be delivered directly to the Authority's engineer, CS Davidson, Inc. at 38 North Duke Street; York, PA 17401. After these items have been properly received, the Authority's engineer shall provide comments on the submitted plans within thirty (30) days.

By signing this application, owner of the property is aware of his/her responsibility for payment of all engineering fees incurred by the Authority. The owner also understands being responsible for a \$25.00 administrative fee. The terms for payment of such fees are Net 30 and will be subject to a 1.5% late fee. Non-payment of these invoices will affect the issuance of the approved application.

The undersigned hereby certifies that this application is authorized by the owner of record and that he/she has been authorized by the owner to make this application and his/her agent. The undersigned further represents that, to the best of his/her knowledge and belief, all information included within this document is true, correct, and complete.

Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_