



APPLICATION FOR LIGHTING PLAN REVIEW

Ferguson Township, Centre County

February 2020

DATE: _____

BILL: _____

REFUND: _____

NAME OF PLAN/DEVELOPMENT:

OWNER/APPLICANT NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

LOCATION OF DEVELOPMENT:

TAX MAP AND PARCEL NUMBER:

LOCATION OF NEW/REVISED LIGHTS ON-SITE:

PLAN PREPARED BY:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT PERSON RESPONSIBLE FOR PLAN PROCESSING:

BILL: _____

REFUND: _____

NAME/COMPANY:

ADDRESS:

PHONE:

FAX:

EMAIL:

SIGNATURE:

TITLE:

DATE OF DRAWING: _____

CONTACT INFORMATION FOR ESCROW:

BILL: _____

REFUND: _____

CONTACT PERSON/COMPANY:

ADDRESS:

PHONE:

INTERNAL USE ONLY

DATE RECEIVED BY TOWNSHIP: _____

DATE FEE PAID:

ESCROW AMOUNT:

INITIAL DEPOSIT AMOUNT:

MINIMUM BALANCE (50%):

CUSTOMER NO.

ACCT. NO.

ESCROW NO.