



APPLICATION FOR SUBDIVISION PLAN REVIEW

Ferguson Township, Centre County

March 2024

DATE: _____

BILL: _____

REFUND: _____

NAME OF SUBDIVISION:

OWNER/APPLICANT NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

LOCATION OF SUBDIVISION:

TAX MAP AND PARCEL NUMBER:

AREA OF SITE:

NUMBER OF LOTS:

PLAN PREPARED BY:

ADDRESS:

PHONE:

FAX:

EMAIL:

CONTACT PERSON RESPONSIBLE FOR PLAN PROCESSING:

BILL: _____

REFUND: _____

NAME/COMPANY:

ADDRESS:

PHONE:

FAX:

EMAIL:

SIGNATURE:

TITLE:

PLEASE CHECK ONE:

PRELIMINARY PLAN: _____

FINAL PLAN: _____

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.