



## 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.