

SUBDIVISION AND LAND DEVELOPMENT APPLICATION

Fee: \$1000. + \$120. / Unit

OFFICE USE ONLY PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	<i>Date Stamp</i> # of Plans Submitted _____
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I. CONTACT INFORMATION

Applicant's Name:	
Address:	
Phone #:	E-mail:
Surveyor / Engineer Name:	
Address:	
Phone #:	E-mail:
Property Owner's Name:	
Address:	
Phone #:	E-mail:

2. PROPERTY / PROJECT INFORMATION

Address of Properties involved:	
Subdivision Name:	# of Lots in Subdivision:
Monroe County Tax I.D.#(s)	
Zoning District in which the Property is located:	
Proposed use of property:	

Signature of Applicant:	Date:
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OFFICE USE ONLY:

DATE RECEIVED:
PLANNING COMMISSION REVIEW DATE:
DECISION DEADLINE: