HOPEWELL TOWNSHIP

GAS WELL APPLICATION

Name of Developer:			
Address:		Fax No.:	
City:		Zip Code:	
Email			
Primary Engineer:		Phone No ·	
Address:		Fax No :	
City:	State:	Zip Code:	
Email:		2.p 0000:	
Total number of wells:	Phase Number	:	_ of:
Acreage of leased area	Acre	age of this site _	
Zoning District:			
Explain proposal in detail:			
I certify that all information contain	ned herein is true and	correct.	
Applicant Signature:		Date	:
Applications must be completed proposed plan twenty (20) days proposed as an agenda item.			
Independent review of plan subm for the next available meeting, pla			
Additional requirements are outli and are available from the Towns		n Township's Subdiv	rision and Zoning Ordinances
Costs exceeding the initial applica	ation fee will be billed t	to the Applicant.	
Minor Subdivision Re			Date:
Additional costs			Paid:
	: \$: \$		

APPLICATION FOR SUBDIVISION HOPEWELL TOWNSHIP

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Major Subdivision Review Fee: Additional costs incurred:	
:	\$\$ \$ Date: \$ Paid:
Total: Site Plan Review Fee: Additional costs incurred:	\$ \$ Date: \$ Paid:
Total:	\$ \$
Preapplication Submission: Notes:	Date:
Preliminary Plan Application: Notes:	Date:
	Date:
Final Plan Application:	Date:
Final Plan Submission: Notes:	Date:
Approval: Notes:	Date:
Improvement Bond: Notes:	Date:

DM: Hopewell App for Subdiv 4/9/2019