



# DELAWARE COUNTY PLANNING DEPARTMENT

2 W. Baltimore Avenue – Suite 202, Media, Pennsylvania 19063  
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## Application for Act 537 Review

Please type or print legibly

### DEVELOPER/APPLICANT

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Development \_\_\_\_\_ DEP # \_\_\_\_\_  
Date of Act 247 Review \_\_\_\_\_ DCPD File # \_\_\_\_\_

### PLANNING MODULE PREPARER

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Type of Review (check 2 boxes)	Proposed Method of Treatment
<input type="checkbox"/> Initial Submittal	<input type="checkbox"/> Sewer tap-in
<input type="checkbox"/> Minor Revision Resubmittal	<input type="checkbox"/> Sewer extension/new collection system
<input type="checkbox"/> Major Revision Resubmittal	<input type="checkbox"/> Individual on-lot or new replacement system
<input type="checkbox"/> Standard Form (Component 1, 2, 3)	<input type="checkbox"/> Multiple on-lot system
<input type="checkbox"/> Private Request	<input type="checkbox"/> Community system or new plant
<input type="checkbox"/> Municipal Base Plan or Ordinance	

Water:  Private  Public  
Use:  Commercial/Industrial  Institutional  Residential  
EDUs \_\_\_\_\_ # of Connections \_\_\_\_\_ Projected Flow \_\_\_\_\_ Acreage \_\_\_\_\_

Statement of Intent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a copy of this module been forwarded to:  
All tributary authorities or SEOs, as required?  Yes  No  
PA Historical and Museum Commission, if required?  Yes  No  N/A

### MUNICIPALITY'S SECTION (Application Will Not Be Accepted Without Original Signature)

Municipality \_\_\_\_\_  
Address \_\_\_\_\_  
Municipal Official \_\_\_\_\_ Phone \_\_\_\_\_  
Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR DCPD USE ONLY

Date Received \_\_\_\_\_  Complete  Incomplete  
Date DCPD Comments Due \_\_\_\_\_ Staff Initials \_\_\_\_\_  
Review Fee: Amount \_\_\_\_\_ Check No. \_\_\_\_\_  
Date Received \_\_\_\_\_ Received By \_\_\_\_\_