

## **MAXATAWNY TOWNSHIP**

## MUNCIPAL AUTHORITY

## **SEWER CAPACITY RESERVATON REQUEST FORM**

Applicant Information & Property Location							
Applio Name							
		Last	First				M.I.
Applicant							
Address:		Street Address					Apartment/Unit #
							•
		City				State	ZIP Code
Phone:		( )	Signature of Applicant:				
Property Owner:							
Address of Property: Signature of Property Owner:  ZONING INFORMATION							
This information is being requested in accordance with township ordinances and is essential in determining if the reservation request is feasible.							
ZONING DISTRICT							
	Zoning	Relief Required		Zoning Relief NOT Required			
	Agricultural Preservation (AP)			Agricultural Preservation 1		Agricultural Residential (AR) 1996	
	Medium Density Residential			(AP-1) 2012		Agricultural Nesiderillar (	AK) 1990
	(R-1)		П	Residential (R-2)	П	Commercial (C-1)	
Ш			Ш		Ш		
	Light Industrial (L-I)			Industrial (I)		Neighborhood Commercial (NC)	
	1 (2 (2 1 (1)))						
Institutional (IN)							
PARCEL INFORMATION							
ID#		Acres:	Present Use:				
PROPOSED USE – Please provide a simple sketch of the property to be included with the application							
	Institutional			Student Housing			
	Commercial/N.C.			Industrial / Light Industrial			
	Reside	Residential		Restaurant or Food Service Industry			
MISCELLANEOUS ITEMS TO ATTACH & SUBMIT WITH APPLICATION: Check List							
	Nearest sewer main			Explanation of how capacity	Sketch of the current p		perty illustrating
Ш		connection Summary of Proposed Use &		was calculated proposal  Copy of the tax map location		ριυρυδαι	
		ate of construction		of the subject property			
AMOUNT OF CAPACITY REQUESTED:							