

# SUBDIVISION AND LAND DEVELOPMENT APPLICATION

**Fee: \$750. + \$100./Unit**

<b>*OFFICE USE ONLY*</b> <b>PAYMENT INFO</b> AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	<b>BOROUGH OF STROUDSBURG</b> <b>700 SARAH STREET</b> <b>STROUDSBURG, PA 18360</b> Phone (570) 421-5444 Fax (570) 421-2690 <b>www.StroudsburgBoro.com</b>	<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:**

## OFFICE USE ONLY:

**DATE RECEIVED:**

**PLANNING COMMISSION REVIEW DATE:**

**DECISION DEADLINE:**