



APPLICATION FOR SUBDIVISION PLAN REVIEW
Ferguson Township, Centre County

Date: _____

Name of Subdivision: _____

Owner / Applicant Name : _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Location of Subdivision: _____

Tax Map and Parcel Number: _____

Area of Site: _____ Number of Lots: _____

Plan Prepared By: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person Responsible for Plan Processing:

Name / Company: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Signature: _____ Title: _____

Check One:

Preliminary Plan: _____ Final Plan: _____

Date of Drawing: _____

Contact Information for Escrow:

Contact Person/Company: _____ Phone: _____

Address: _____ Fax: _____

Date Plans Received by Township: _____

Date Plan Fee Paid: _____ Amount: _____

Escrow Fee Paid: _____ Amount: _____ Min.: _____