County of Chester
Subdivision / Land Development Information Form

*Indicates required information.

*UPI _____-_____-_____ *Municipality _____

_____-_____-_____ DEP Code # 1-15 -_____-_____

_____-_____-_____ *Subdivision Name _____

*Site Address and/or Street Intersection _____

(i.e.: 201 W Market St. or NE Corner of W Market St & N New St)

*Developer _____ Phone # _____

*Developer Mailing Address _____

*Property Owner _____

Agent/Consultant _____ Phone # _____

Agent/Consultant Mailing Address _____

*Total # of proposed lots _____ - # of parent tract lot(s) _____ = # of new proposed lots _____

OR

☐ Development of existing lot *(i.e., an approved, vacant lot)*

☐ Additional structure on lot *(i.e., in-law suite, other structure on lot)*

☐ Existing structure, change in use *(i.e., office to apartment)*

Explain _____

*Type of Development	*Type of Sewage Disposal	*Type of Water Supply
☐ Residential	☐ Individual	☐ Individual
☐ Non-Residential	☐ Community ☐ DEP Permit	☐ Public
☐ Non-Building	☐ Public	☐ Community Well
☐ Lot Line Change (0 lots)	☐ Clean Streams (Repair, 0 lots)	☐ None
☐ Change of Use (0 lots)	☐ Community Clean Streams	
☐ Mixed Use	☐ None	

For Chester County Health Department Use Only Unique ID # _____

Subdivision Review Fee $_____ Receipt # _____ Date _____/_____/_____

$_____ Receipt # _____ Date _____/_____/_____

$_____ Receipt # _____ Date _____/_____/_____

CCHD Review Date _____/_____/_____ DEP Approval Date _____/_____/_____

Total # of approved lots _____ - # of parent tract lot(s) _____ = # of new lots created _____

SEO # _____ Database updated _____/_____/_____