



WARWICK TOWNSHIP
 DEPARTMENT OF PLANNING & ZONING
 1733 Township Greene
 Jamison, PA 18929
 (215) 343-6100
www.warwick-bucks.org

FOR WARWICK TOWNSHIP USE ONLY:

Received by: _____

APPLICATION FOR A REVISION TO THE RECORD PLAN

Application is hereby made for approval of the Board of Supervisors of the attached plan submitted in accordance with the requirements of the Warwick Township Subdivision & Land Development Ordinance, as amended and ACT 247, the Municipalities Planning Code. Submitted with the application are 5 sets of plans and one full copy on CD Rom together with the application fees of \$ _____ and required escrow in the amount of \$ _____.
 PLEASE NOTE THAT THE APPLICATION/FILING FEE IS NON-REFUNDABLE. THE ESCROW FEE IS RETURNED IF ALL GENERATED INVOICES ARE PAID IN FULL FOLLOWING THE 18 MONTH MAINTENANCE PERIOD.

APPLICANT

Name of Applicant: _____ Phone: _____
 Address: _____ Email: _____
 Signature of Applicant: _____ Date: _____

ENGINEER

Name: _____
 Address: _____
 Phone: _____
 Email: _____

ATTORNEY

Name: _____
 Address: _____
 Phone: _____
 Email: _____

PROJECT

Full Description of Requested Revision: _____

Describe the reason behind this request to revise the record plan: _____

Recorded Plans Project/Reference Name: _____ Deed Recorded Book # _____

Location/Address of Property: _____

Owner of Property: _____

Zoning District: _____ TMP 51- _____ TMP 51- _____

Does the property contain any easements or deed restrictions: Yes No (If yes, please describe...)

