



INSTRUCTIONS FOR COMPLETING COMPONENT 4A MUNICIPAL PLANNING AGENCY REVIEW

Remove and recycle these instructions prior to mailing component to the approving agency (DEP or delegated local agency).

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency or agencies and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (DEP or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.
 2. Complete the name, title, and signature block.
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Section D. Additional Comments

The Agency may provide whatever additional comment it deems necessary, as described in the form. Attach additional sheets, if necessary.



DEP Code #

SEWAGE FACILITIES PLANNING MODULE COMPONENT 4A - MUNICIPAL PLANNING AGENCY REVIEW

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning module package and one copy of this **Planning Agency Review Component** should be sent to the existing local municipal planning agency for their comments.

SECTION A. PROJECT NAME (See Section A of instructions)

Project Name _____

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by municipal planning agency. _____
2. Date review completed by agency. _____

SECTION C. AGENCY REVIEW (See Section C of instructions)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is there a municipal comprehensive plan adopted under the Municipalities Planning Code (53 P.S. 10101, <i>et seq.</i>)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is this proposal consistent with the comprehensive plan for land use? If no, describe the inconsistencies _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Is this proposal consistent with the use, development, and protection of water resources? If no, describe the inconsistencies _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Is this proposal consistent with municipal land use planning relative to Prime Agricultural Land Preservation?
<input type="checkbox"/>	<input type="checkbox"/>	5. Does this project propose encroachments, obstructions, or dams that will affect wetlands? If yes, describe impacts _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Will any known historical or archaeological resources be impacted by this project? If yes, describe impacts _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Will any known endangered or threatened species of plant or animal be impacted by this project? If yes, describe impacts _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Is there a municipal zoning ordinance?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is this proposal consistent with the ordinance? If no, describe the inconsistencies _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Does the proposal require a change or variance to an existing comprehensive plan or zoning ordinance?
<input type="checkbox"/>	<input type="checkbox"/>	11. Have all applicable zoning approvals been obtained?
<input type="checkbox"/>	<input type="checkbox"/>	12. Is there a municipal subdivision and land development ordinance?

SECTION C. AGENCY REVIEW (continued)

Yes

No

- | | | |
|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Is this proposal consistent with the ordinance?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Is this plan consistent with the municipal Act 537 Official Sewage Facilities Plan?
If no, describe the inconsistencies _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality?
If yes, describe _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Has a waiver of the sewage facilities planning requirements been requested for the residual tract of this subdivision? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, is the proposed waiver consistent with applicable ordinances? |
| 17. Name, title and signature of planning agency staff member completing this section: | | |
| Name: _____ | | |
| Title: _____ | | |
| Signature: _____ | | |
| Date: _____ | | |
| Name of Municipal Planning Agency: _____ | | |
| Address _____ | | |
| Telephone Number: _____ | | |

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This Component does not limit municipal planning agencies from making additional comments concerning the relevancy of the proposed plan to other plans or ordinances. If additional comments are desired, attach additional sheets.

The planning agency must complete this Component within 60 days.

This component and any additional comments are to be returned to the project sponsor.



INSTRUCTIONS FOR COMPLETING COMPONENT 4B COUNTY PLANNING AGENCY REVIEW (or Planning Agency with Areawide Jurisdiction)

Remove and recycle these instructions prior to mailing component to the approving agency (DEP or delegated local agency).

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency or agencies and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (DEP or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.
 2. Complete the name, title, and signature block.
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Section D. Additional Comments

The Agency may provide whatever additional comment it deems necessary, as described in the form. Attach additional sheets, if necessary.



DEP Code #

**SEWAGE FACILITIES PLANNING MODULE
 COMPONENT 4B - COUNTY PLANNING AGENCY REVIEW
 (or Planning Agency with Areawide Jurisdiction)**

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning package and one copy of this **Planning Agency Review Component** should be sent to the existing county planning agency or planning agency with areawide jurisdiction for their comments.

SECTION A. PROJECT NAME (See Section A of instructions)

Project Name _____

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by county planning agency. _____
2. Date plan received by planning agency with areawide jurisdiction _____
 Agency name _____
3. Date review completed by agency _____

SECTION C. AGENCY REVIEW (See Section C of instructions)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is there a county or areawide comprehensive plan adopted under the Municipalities Planning Code (53 P.S. 10101 <i>et seq.</i>)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is this proposal consistent with the comprehensive plan for land use?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does this proposal meet the goals and objectives of the plan? If no, describe goals and objectives that are not met _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Is this proposal consistent with the use, development, and protection of water resources? If no, describe inconsistency _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Is this proposal consistent with the county or areawide comprehensive land use planning relative to Prime Agricultural Land Preservation? If no, describe inconsistencies: _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Does this project propose encroachments, obstructions, or dams that will affect wetlands? If yes, describe impact _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Will any known historical or archeological resources be impacted by this project? If yes, describe impacts _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Will any known endangered or threatened species of plant or animal be impacted by the development project?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is there a county or areawide zoning ordinance?
<input type="checkbox"/>	<input type="checkbox"/>	10. Does this proposal meet the zoning requirements of the ordinance? If no, describe inconsistencies _____

Yes	No	SECTION C. AGENCY REVIEW (continued)
<input type="checkbox"/>	<input type="checkbox"/>	11. Have all applicable zoning approvals been obtained?
<input type="checkbox"/>	<input type="checkbox"/>	12. Is there a county or areawide subdivision and land development ordinance?
<input type="checkbox"/>	<input type="checkbox"/>	13. Does this proposal meet the requirements of the ordinance? If no, describe which requirements are not met _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Is this proposal consistent with the municipal Act 537 Official Sewage Facilities Plan? If no, describe inconsistency _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality? If yes, describe _____
<input type="checkbox"/>	<input type="checkbox"/>	16. Has a waiver of the sewage facilities planning requirements been requested for the residual tract of this subdivision?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, is the proposed waiver consistent with applicable ordinances. If no, describe the inconsistencies _____
<input type="checkbox"/>	<input type="checkbox"/>	17. Does the county have a stormwater management plan as required by the Stormwater Management Act?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, will this project plan require the implementation of storm water management measures?
		18. Name, Title and signature of person completing this section: Name: _____ Title: _____ Signature: _____ Date: _____ Name of County or Areawide Planning Agency: _____ Address: _____ Telephone Number: _____

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This Component does not limit county planning agencies from making additional comments concerning the relevancy of the proposed plan to other plans or ordinances. If additional comments are needed, attach additional sheets.

The county planning agency must complete this Component within 60 days.

This Component and any additional comments are to be returned to the applicant.



INSTRUCTIONS FOR COMPLETING COMPONENT 4C COUNTY OR JOINT HEALTH DEPARTMENT REVIEW

Remove and recycle these instructions prior to mailing component to the approving agency (DEP or delegated local agency).

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency or agencies and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (DEP or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.
 2. Complete the name, title, and signature block.
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Section D. Additional Comments

The Agency may provide whatever additional comment it deems necessary, as described in the form. Attach additional sheets, if necessary.



DEP Code #

**SEWAGE FACILITIES PLANNING MODULE
COMPONENT 4C - COUNTY OR JOINT HEALTH DEPARTMENT REVIEW**

Note to Project Sponsor: To expedite the review of your proposal, one copy of your completed planning module package and one copy of this **Planning Agency Review Component** should be sent to the county or joint county health department for their comments.

SECTION A. PROJECT NAME (See Section A of instructions)

Project Name _____

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

- 1. Date plan received by county or joint-county health department. _____
Agency name _____
- 2. Date review completed by agency _____

SECTION C. AGENCY REVIEW (See Section C of instructions)

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the proposed plan consistent with the municipality's Official Sewage Facilities Plan?
If no, what are the inconsistencies? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are there any waste water disposal needs in the area adjacent to the new land development that should be considered by the municipality?
If yes, describe _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there any known groundwater degradation in the area of the proposed subdivision?
If yes, describe _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The county or joint county health department recommendation concerning this proposed plan is as follows: _____ |
| | | 5. Name, title and signature of person completing this section:
Name: _____
Title: _____
Signature: _____
Date: _____
Name of County Health Department: _____
Address: _____
Telephone Number: _____ |

SECTION D. ADDITIONAL COMMENTS (See Section D of instructions)

This Component does not limit county planning agencies from making additional comments concerning the relevancy of the proposed plan to other plans or ordinances. If additional comments are needed, attach additional sheets.

The county planning agency must complete this Component within 60 days.
This Component and any additional comments are to be returned to the applicant.