

East Cocalico Township

Address: 100 Hill Road, Denver, PA 17517
Phone: (717) 336-1720 **Fax:** (717) 336-1724
E-mail: Twp@ECT.Town **Website:** ECT.Town

East Cocalico Township Authority

Address: 102 Hill Road, Denver, PA 17517
Phone: (717) 336-1731
E-mail: water@ecocalicotwpauth.com

DEVELOPERS PRE-APPLICATION GUIDANCE

January 2024
Date

As identified in the Township Subdivision and Land Development Code Section 194-8.A, East Cocalico Township and the East Cocalico Township Authority encourage pre-application and planning sessions during the land planning process to assist developers and consultants with understanding the Township and the Authority procedures.

It is our belief that the developer and consultant will spend less time and money if they avail themselves of ready information as a guide to navigate the land planning process for approval from our agencies.

The information needed from the developer or consultant to schedule a pre-application session is attached.

The developer and property owner are required to pay the hourly rate of the personnel, including engineers, attorneys, other consultants and staff who attend any planning sessions. Most of the planning sessions are approximately 1 to 1.5 hours in length.

Routinely, the Township Land Planning Engineer, Building/Zoning Officer, Manager, and others may attend. If transportation issues and impacts are known, the Township Transportation Engineer attends. If the development will connect to public water and sanitary sewer, then the Authority Administrator, Engineer, and Superintendent may attend.



Tommy Ryan
Township Manager



Scott M. Carl, Sr.
Authority Administrator

Township Admin Office Note: Copy the entire returned packet to both the Township and Authority.

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REQUEST FOR PRE-APPLICATION MEETING WITH PROFESSIONAL STAFF AND EMPLOYEES

Pre-Application meetings will be scheduled upon receipt of this application and the posting of required escrow.

Scheduled Pre-Application Meeting Date / Time: _____
Date/time to be filled out by Township
when date/time is confirmed.

- 1) Project name:
- 2) Name of person(s) requesting meeting, include address, telephone number, e-mail, etc.:
- 3) Location(s) of tract(s) in East Cocalico Township to be developed including size in acres and road location:
- 4) Name(s) of property owner(s), include address, telephone number, e-mail, etc.:
- 5) Name(s) of equitable owner(s) and/or agent status for owner(s), include address, telephone number, e-mail, etc.:
- 6) Name(s) of developer(s), include address, telephone number, e-mail, etc.:
- 7) Name(s) of consultant(s), include address telephone number, e-mail, etc.:
- 8) Name(s) of those attending the planning meeting and their capacity with this development. List address, telephone number, e-mail, etc. if not previously listed. Please disclose if any attendees are attorneys:
- 9) Description of intended land use(s):

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- 10) Developer/Consultant list of items to be discussed and specific concerns:

- 11) It is required that notes of the planning meeting be taken and sent to the Township and Authority within 10 days from the date of the planning meeting. Please provide the name of the person from your organization responsible for taking and sending these notes.

- 12) Please bring to the meeting for discussion a deed plot, survey plan or project plan if available.

- 13) List at least 5 (five) dates and times for the meeting:

| DATE | TIME |
|------|------|
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| | |
| | |

| DATE | TIME |
|------|------|
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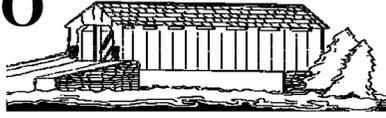
Names(s) of and signature(s) below of person(s) responsible to pay the expenses incurred by the Township for the professional Staff and Employees determined by the Township to be present at the pre-application meeting.

Contact Information for Applicant:

| | |
|------------------------------|----------------|
| _____ | _____ |
| Name (please print) | Signature |
| _____ | _____ |
| Street Address | Title |
| _____ | _____ |
| City, State, Zip | Date |
| _____ | _____ |
| (Area Code) Telephone Number | E-mail address |

Contact Information for Owner (if different from above):

| | |
|------------------------------|----------------|
| _____ | _____ |
| Name (please print) | Signature |
| _____ | _____ |
| Street Address | Title |
| _____ | _____ |
| City, State, Zip | Date |
| _____ | _____ |
| (Area Code) Telephone Number | E-mail address |



Pre-Application Meeting
PROFESSIONAL SERVICES AGREEMENT

APPLICANT: _____

PROJECT: _____

Applicant hereby agrees to post escrow in the amount of **THREE THOUSAND DOLLARS (\$3,000.00)** with East Cocalico Township (“Township”), so to reimburse the Township for all expenses associated with engineering, legal and all other Township-provided services related to the Pre-Application Meeting for the above-noted property/project.

Applicant further agrees to replenish the escrow to that amount originally posted, upon the balance of the escrow falling below **FIVE HUNDRED DOLLARS (\$500.00)** and within ten (10) days of the date of written notification from the Township requesting same.

The Township may cease all reviews, and may discontinue the provision of any Township-provided service, until such time as an escrow account is properly funded per the above.

Applicant acknowledges this escrow is only intended to fund Township-provided services related to the Pre-Application Meeting for the above-noted property/project only. In the event the project/property proceeds to a formal submission the Township, in its sole discretion, may require Applicant to post additional escrow.

NAME: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT E-MAIL: _____

SIGNATURE: _____

POSITION: _____

DATE: _____