

BIRMINGHAM TOWNSHIP

1040 West Street Road, West Chester, PA 19382-8012 Phone: (610) 793-2600 Fax: (610) 793-3417

APPLICATION STATUS FORM

Applicant's Name: Location of Property/Name of Project:			
Applicant is seeking _			•
		a recommendation to the B	
The Board of Supervis	ii)	render a decision no later	
The Application has be	een submitted to t	the following persons/entition	es:
Persons/entity	Date Submitted	Date comments received	
Township Eng.			
CCPC			
CC Health Dept.			
Conserv. District			
PennDot			
Township Sewer Eng.			
Township Traffic Eng			
Other:			
Other:			
Other notes:			
	please find the ap the above refere	oplication and plans nced project.	



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BIRMINGHAM TOWNSHIP PLANNING COMMISSION

Procedures and Protocol

- 1. Upon the submission of an application to the Township, applicants shall receive a copy of this handout and a written schedule listing the upcoming Planning Commission meetings. Public notification procedures (as provided for in the Township codes) must be followed by the Applicant and evidence of compliance provided to the Planning Commission.
- 2. An <u>Application Status Form</u> shall be generated by the Township Secretary and forwarded to the Planning Commission (along with the application and any submitted plans/documents) no later than 5 days prior to the Planning Commission meeting at which the application will be considered.
- 3. The Planning Commission Chairperson shall follow the below procedure with each application before the Planning Commission:
 - a. Request that the Applicant, representatives and consultants introduce themselves;
 - b. Ask for proof of proper public notification;
 - c. Review the Application Status Form;
 - d. Ask Applicant what Applicant is seeking, including any waiver requests and/or variances;
 - e. Review the Township Engineer's review letter;
 - f. Open the floor for additional information from Applicant;
 - g. Questions from Planning Commission Members;
 - h. Public comment period; and
 - i. Ask for a motion(s) and vote on duly seconded motions.