



# ACT 537 COUNTY PLANNING REFERRAL

To: Chester County Planning Commission

(To Be Completed by Municipality)

Subject: Request for review of a Sewage Facilities Planning Module pursuant to the Pennsylvania Sewage Facilities Act, Act 537.

From: (Municipality) \_\_\_\_\_

Date: \_\_\_\_\_

Official's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_



**This application must be completed by the municipality and submitted along with the appropriate Planning Module and accompanying documents for review.**

Development Name: \_\_\_\_\_

\*Department of Environmental Protection Code #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Engineer/Consultant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Submission

- Component 2
- Component 3
- Component 3z

There is **no review fee** for Chester County Planning Commission review of sewage facilities Planning Modules.

The County Planning Commission **does not review Component 1** modules.

If your municipality needs more referral forms, please check here

\*DEP Code Number can be obtained from the module submitted by the applicant.