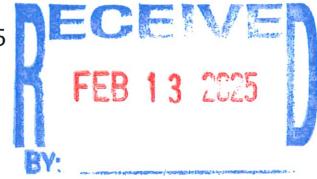




# WESTTOWN TOWNSHIP

1039 Wilmington Pike  
West Chester, PA 19382  
PHONE: (610) 692-1930

P.O. Box 79  
Westtown, PA 19395  
FAX: (610) 692-9651



## APPLICATION FOR APPROVAL OF PRELIMINARY PLAN

Plan title: 1001 S. WALNUT STREET SUBDIVISION Plan number: \_\_\_\_\_

### Applicant information

Applicant: COLIN & TAJ CHAVOUS

Address: 1001 S. WALNUT STREET City: WEST CHESTER State: PA Zip: 19382

Phone number: 484-326-8202 E-mail address: INFO@CHAVOUSCUSTOMCONTRACTING.COM

### Owner information *(If different from applicant)*

Owner: SAME AS APPLICANT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Project location

Address: 1001 S. WALNUT STREET City: WEST CHESTER State: PA Zip: 19382

Tax map number(s): \_\_\_\_\_ Zoning district: \_\_\_\_\_

### Project description

Please either provide below or attach a brief narrative of the proposed plan.

THE APPLICANT IS PROPOSING TO SUBDIVIDE THE EXISTING PARCEL TO CREAT TWO.

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**Submission checklist**

- Application and fee ✓
- Review fee agreement and escrow ✓
- Sixteen copies of the preliminary plan and of all other required plans ✓
- Sewer modules ✓
- Water supply confirmation (if public) \_\_\_\_\_
- Information sheet \_\_\_\_\_
- Two copies of the stormwater management narrative and calculations ✓
- Copies of supplementary studies as determined by the Township \_\_\_\_\_
- Electronic submission in either .DXF or .DWG as described in §149-600(B.1) for all land development or subdivision applications of greater than five lots \_\_\_\_\_

***Submission is not complete unless ALL of the above are provided.***

Although not required, applicants are also strongly encouraged to grant written permission for Township officials to conduct an on-site walk of the property early in the process.

Believing that the plan submitted is in conformance with all applicable sections of the Westtown Township Zoning Ordinance and Subdivision and Land Development Ordinance, the undersigned requests approval of the Preliminary Plan for this project.

  
\_\_\_\_\_  
**Signature of applicant**

1/27/2025  
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of owner** (If different from applicant)

\_\_\_\_\_  
**Date**

-----OFFICIAL USE ONLY-----		
Type of application:		
Subdivision <input checked="" type="checkbox"/>	Land Development <input type="checkbox"/>	Flexible Development <input type="checkbox"/>