



**RESOLUTION 2023-17**  
**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 local municipal planning agency for their comments.

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

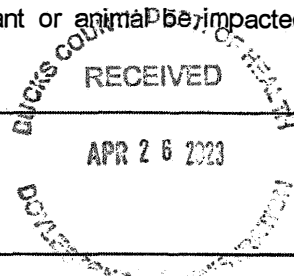
Project Name  
137 S. Limekiln Pike

**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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	2. Is this proposal consistent with the comprehensive plan for land use? If no, describe the inconsistencies _____
<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	5. Does this project propose encroachments, obstructions, or dams that will affect wetlands? If yes, describe impacts _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Will any known historical or archaeological resources be impacted by this project? If yes, describe impacts _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Will any known endangered or threatened species of plant or animal be impacted by this project? If yes, describe impacts _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Is there a municipal zoning ordinance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Is this proposal consistent with the ordinance? If no, describe the inconsistencies _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Does the proposal require a change or variance to an existing comprehensive plan or zoning ordinance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Have all applicable zoning approvals been obtained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Is there a municipal subdivision and land development ordinance?



**SECTION C AGENCY REVIEW (continued)**

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 13. Is this proposal consistent with the ordinance?<br>If no, describe the inconsistencies _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14. Is this plan consistent with the municipal Official Sewage Facilities Plan?<br>If no, describe the inconsistencies <u>1 On-Lot Sewage Facility and 2 On-lot Backup Facilities are proposed in the Public Sewer Area</u> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 15. Are there any wastewater disposal needs in the area adjacent to this proposal that should be considered by the municipality?<br>If yes, describe _____  |
| <input type="checkbox"/>            | <input checked="" 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?<br>If no, describe the inconsistencies _____  |

17. Name, title and signature of planning agency staff member completing this section:  
 Name: Dave Conroy  
 Title: Director of Planning and Zoning Officer  
 Signature: [Handwritten Signature]  
 Date: 7/6/23  
 Name of Municipal Planning Agency: New Britain Township Planning Commission  
 Address 207 Park Avenue, Chalfont, PA 18914  
 Telephone Number: (215)822-1391

**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 needed, 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 applicant.