DEPARTMENT OF PLANNING AND ZONING
1001 STUMP ROAD, MONTGOMERYVILLE, PA 18936-9605
Telephone: 215-393-6920 - Fax: 215-855-1498
www.montgomerytwp.org

INDEFINITE EXTENSION FORM

DATE: _____

Montgomery Township Board of Supervisors
1001 Stump Road
Montgomeryville, PA 18936

ATTN: Carolyn McCreary
Township Manager

RE: _____
(Development Name)

Gentlemen:

On _____, I/we submitted for official filing the above referenced plan.

Please be advised that notwithstanding any contrary provision of the Pennsylvania Municipalities Planning Code or the Montgomery Township Code, this letter will serve as notice to Montgomery Township that the requirement that action be taken on this proposal within ninety (90) days, is hereby waived, without limitation as to time. This waiver is granted to permit us to make such adjustments or revisions to the plans as may be required during the plan review process.

Further, it is agreed that either party, upon written notification, certified mail, may request a decision and/or termination of this application within ninety (90) days of receipt of written notice.

_____ _____
Applicant's Name (PRINT) Applicant's Signature

_____
Applicant's Authorized Representative
(must be a corporation official or person
with power of attorney)

Date of Receipt by Township _____

Date of Plans _____

90 day review period will expire _____

_____
Development Coordinator