



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
West General Robinson Street Tower

SECTION B. REVIEW SCHEDULE (See Section B of instructions)

1. Date plan received by municipal planning agency 5/16/2024
2. Date review completed by agency 5/24/2024

SECTION C. AGENCY REVIEW (See Section C of instructions)

| Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Is there a municipal comprehensive plan adopted under the Municipalities Planning Code (53 P.S. 10101, <i>et seq.</i>)? |
| <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Is this proposal consistent with the ordinance? If no, describe the inconsistencies <u>In review</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Does the proposal require a change or variance to an existing comprehensive plan or zoning ordinance? |
| <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Is this proposal consistent with the ordinance? If no, describe the inconsistencies <u>In review</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Is this plan consistent with the municipal Official Sewage Facilities Plan? If no, describe the inconsistencies _____ |
| <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? 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? If no, describe the inconsistencies _____ |
| 17. Name, title and signature of planning agency staff member completing this section: Name: <u>Kyla Prendergast</u> Title: <u>Senior Environmental Planner</u> Signature: <u><i>Kyla Prendergast</i></u> Date: <u>5/23/2024</u> Name of Municipal Planning Agency: <u>Department of City Planning</u> Address <u>100 Ross Street, Suite 202, Pittsburgh, PA 15219</u> Telephone Number: <u>412-255-2200</u> | | |

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.