



INSTRUCTIONS FOR COMPLETING COMPONENT 4A MUNICIPAL PLANNING AGENCY REVIEW

Remove and recycle these instructions prior to mailing component to the approving agency.

Background

This component, Component 4, is used to obtain the comments of planning agencies and/or health departments having jurisdiction over the project area. It is used in conjunction with other planning module components appropriate to the characteristics of the project proposed.

Who Should Complete the Component?

The component should be completed by any existing municipal planning agency, county planning agency, planning agency with areawide jurisdiction, and/or health department having jurisdiction over the project site. It is divided into sections to allow for convenient use by the appropriate agencies.

The project sponsor must forward copies of this component, along with supporting components and data, to the appropriate planning agency(ies) and health department(s) (if any) having jurisdiction over the development site. These agencies are responsible for responding to the questions in their respective sections of Component 4, as well as providing whatever additional comments they may wish to provide on the project plan. After the agencies have completed their review, the component will be returned to the applicant. The agencies have 60 days in which to provide comments to the applicant. If the agencies fail to comment within this 60 day period, the applicant may proceed to the next stage of the review without the comments. The use of registered mail or certified mail (return receipt requested) by the applicant when forwarding the module package to the agencies will document a date of receipt.

After receipt of the completed Component 4 from the planning agencies, or following expiration of the 60 day period without comments, the applicant must submit the entire component package to the municipality having jurisdiction over the project area for review and action. If approved by the municipality, the proposed plan, along with the municipal action, will be forwarded to the approving agency (Department of Environmental Protection or delegated local agency). The approving agency, in turn, will either approve the proposed plan, return it as incomplete, or disapprove the plan, based upon the information provided.

Instructions for Completing Planning Agency and/or Health Department Review Component

Section A. Project Name

Enter the project name as it appears on the accompanying sewage facilities planning module component (Component 2, 2m, 3, 3s or 3m).

Section B. Review Schedule

Enter the date the package was received by the reviewing agency, and the date that the review was completed.

Section C. Agency Review

1. Answer the yes/no questions and provide any descriptive information necessary on the lines provided. Attach additional sheets, if necessary.
2. Complete the name, title, and signature block.

Section D. Additional Comments

The Agency may provide whatever additional comment(s) it deems necessary, as described in the form. Attach additional sheets, if necessary.

DEP Code #:

**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
 3 Crossings Building I

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

1. Date plan received by municipal planning agency 8/8/2023
 2. Date review completed by agency 8/21/2023

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>8/21/2023</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>412-255-2676</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.