



1155 Red Fox Road | East Stroudsburg | Pennsylvania 18301
Ph: 570-223-5082 | Fax: 570-223-5086
www.smithfieldtownship.com

Application for Review of a Subdivision or Land Development Plan

Application is hereby made for a review of the attached Subdivision or Land Development Plan and related data in full accordance with the Smithfield Township Subdivision and Land Development Ordinance.

Date of Application: 11/4/2024

Name of Subdivision/Development: Healthy Minds Treatment Center

Name of Applicant: Healthy Minds Partners, LLC Phone: 917-881-9613

Fax: _____ Email: mdharvey9@gmail.com

Address: 57 South Point Drive Unit 1003, Miami, FL 33139

Applicant's Interest in Subdivision/Land Development: Applicant/Lessee

Name of Property Owner: Water Gap Acquisitions Partners, LLC Phone: 203-524-3039

Address: 805 Scott Street, Box 3, Stroudsburg, PA 18360

Name of Engineer/Surveyor: Ryan Troutman, PE (Barry Isett & Associates, Inc.) Phone: 610-723-7713

Fax: _____ Email: rtroutman@barryisett.com

Tax I.D. #: 16/9/1/22 Deed of Record (VOL/PAGE): 2418/6739

Type of Subdivision/Development Proposed: Minor Subdivision Major Subdivision

Planned Residential Development Commercial Subdivision Industrial Subdivision

Commercial Land Development Industrial Land Development Other: Sketch Plan

Total # of Units/Lots Proposed: 1 Total Acreage: 31.7 Total L.F. New Roads Proposed: N/A

Type of Sewage Disposal: Municipal/Central Sewage Community System On-Lot

Type of Water Supply: Municipal/Central Water Community System On-Lot

Additional Comments: _____

Certificate of Ownership and Acknowledgement of Application

As owner(s) of the property described in this application we do hereby acknowledge the said application and agree with the submittal of same and all accompanying plans and data.

Date: 10/24/24 [Signature] [Signature]
Property Owner's Signature Property Owner's Signature

For Township Use: Official Plan Submission Receipt Date: _____

Fees Received: _____

Date Fees Received: _____

Township Secretary or Planning Commission Secretary Signature: _____

(Refer to Notes #1 and #2 on the Subdivision/Land Development Submission Report regarding connection to Municipal Water and Sewer.)

CRB1183

Smithfield Township
1155 Red Fox Rd
East Stroudsburg, PA 18301
(570) 223-5082

CASH RECEIPT

Date 10/26/24 002131

Received From Michael Murphy

Address 206 Mt Rd WYB

Dollars \$ 1000

For Enroll Fee - Healthy Minds

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK	<u>1000</u> ✓	
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By [Signature]

CRB1183

Smithfield Township
1155 Red Fox Rd
East Stroudsburg, PA 18301
(570) 223-5082

CASH RECEIPT

Date 10/27/24 002132

Received From Michael Murphy

Address 206 Mt Rd WYB

Dollars \$ 500

For Submission Fee - Healthy Minds

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK	<u>500</u> ✓	
BALANCE DUE			MONEY ORDER <input type="checkbox"/>		
			CREDIT CARD <input type="checkbox"/>		

By [Signature]