## SHENANGO TOWNSHIP

## **Application for Subdivision Plan Review**

1000 Willowbrook Road, New Castle, PA 16101 Phone: 724-658-4460 Fax: 724-658-1255 Website: Shenangotownship.com

Date:			
Name of Subdivision (if any):_			
Owner/Applicant Name:			
Address:			
Phone:	Fax:	E-Mail:	
Location of Subdivision (street	:):		
Tax Parcel Number:		Zoning:	
Area of Site:	Numl	per of Lots:	
Plan Prepared By:			
Address:			
Phone:	Fax:	E-Mail:	
Contact Person Responsible fo	or Plan Processing:		
Name/Company:			
Address:			
Phone:	Fax:	E-Mail:	
Signature:			
Check One: Preliminary Plan:		Final Plan:	
On-site Sewer:		Off-site Sewer:	
Public Poad:		Privata Road:	

Contact Information for Deposit/Escrow:		
Contact Person/Company:	Phone:	
Address:	Fax:	
submission of this application, along with the process this application. Owner/applicant a revisions to the plans submitted in order for Owner/applicant further acknowledges that	of plans for the above referenced development at the time of the appropriate filing fee in order for Shenango Township to acknowledges that the owner may be required to submit or approval of the plans by the Township to occur. It the plans for the above referenced development must ship ordinances and all other applicable laws in order for the de plans.	
NO CONSTRUCTION OF ANY TYPE SHALL TABY SHENANGO TOWNSHIP.	AKE PLACE PRIOR TO APPROVAL OF THE PLANS SUBMITTED	
Witness:	Owner / Applicant (individual)	
Witness:	Owner / Applicant (corporation)  Owner / Applicant (partnership)	
Witness:		
Witness:	Owner / Applicant (limited partnership)	

If the applicant is submitting the application and plans on behalf of the owner, an empowerment form must be completed and submitted to the Township with this application.