SHENANGO TOWNSHIP

Application for Minor Subdivision (Less than 10 lots)

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

Date:	This Application is for: \Box Lo	ot Line Revision	Subdivison
Name of Subdivision (if a	ny):		
Owner/Applicant Name:			
Address:			
Phone:	Fax:	E-Mail:	
Location of Subdivision (street):		
Tax Parcel Number:		Zoning:	
Area of Site:	Num	ber of Lots:	
Plan Prepared By:			
Address:			
Phone:	Fax:	E-Mail:	
Contact Person Responsi	ble for Plan Processing:		
Name/Company	:		
Address:			
Phone:	Fax:	E-Mail:	
Signature:			
Check One:			
Preliminary Plans		Final Plan:	
On-site Sewer:		Off-site Sewer:	
Public Road:		Private Road:	

Contact information for Deposit/Escrow:	
Contact Person/Company:	Phone:
Address:	Fax:
Owner/applicant must submit three (3) sets of plans at development at the time of submission of this applicat for Shenango Township to process this application. Ow be required to submit revisions to the plans submitted Township to occur. Owner/applicant further acknowle development must comply with all applicable Shenang laws in order for the Shenango Township to grant applications.	tion, along with the appropriate filing fee in order wner/applicant acknowledges that the owner may in order for approval of the plans by the edges that the plans for the above referenced to Township ordinances and all other applicable
NO CONSTRUCTION OF ANY TYPE SHALL TAKE PLACE BY SHENANGO TOWNSHIP.	PRIOR TO APPROVAL OF THE PLANS SUBMITTED
Witness:	Owner / Applicant (individual)

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.