

DONEGAL TOWNSHIP  
34 NORTH LIBERTY STREET, PO BOX 310  
WEST ALEXANDER, PA 15376  
TELEPHONE: 724-484-4017 FAX: 724-484-4029

**PLANNING COMMISSION**

**APPLICATION FOR SUBDIVISION SITE PLAN APPROVAL**

Date submitted \_\_\_\_\_ Application No \_\_\_\_\_

Name and Address of Property Owner \_\_\_\_\_

\_\_\_\_\_ Telephone No \_\_\_\_\_

Name and Address of Applicant \_\_\_\_\_

\_\_\_\_\_ Telephone No \_\_\_\_\_

Developer \_\_\_\_\_ Engineer \_\_\_\_\_

Property Location \_\_\_\_\_

Number of Lots \_\_\_\_\_ Total Acres \_\_\_\_\_

Public Water Yes \_\_\_ No \_\_\_

Public Sewerage Yes \_\_\_ No \_\_\_

Existing System Yes \_\_\_ No \_\_\_

**\*If No**, has a Sewage Planning Module been prepared? Yes \_\_\_ No \_\_\_

Intended Development: (Please briefly describe the future planned use of property)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Land Owner **MUST BE PRESENT** at the meeting (third Monday of each month at 7:00PM), or the Plan will not be reviewed for approval. Also must have a Sewage Planning Module or proof of city sewage and/or tap-in receipt, Mylar and at least one copy for office to retain

**COMMENTS:**