

DONEGAL TOWNSHIP
34 N. LIBERTY ST.
P.O. BOX 310
WEST ALEXANDER, PA 15376

APPLICATION FOR SUBDIVISION

Date submitted _____ Application # _____

Name and Address of Property Owner(s) _____

Telephone Number(s) _____

Name and Address of Applicant(s) _____

Telephone number(s) _____

Developer _____ Engineer _____

Property Location _____

Number of lots _____ Total Acres _____

Public Water: Yes _____ No _____

Public Sewage: 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 7:00 PM), 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 the office to retain.

BOARD OF SUPERVISORS COMMENTS:
