TOWNSHIP OF KENNEDY
SITE REVIEW/SUBDIVISION AND LAND DEVELOPMENT APPLICATION
340 FOREST GROVE ROAD
CORAOPOLIS, PA. 15108
Telephone: 412-771-2321 Fax: 412-771-4666 Website: kennedytwp.com

DATE OF APPLICATION: _____ Preliminary _____ Final _____ (please check)

Directions: To be acceptable for review, application must be completed in full and accompanied by: $50.00 application fee; ten (10) copies of plans; and a narrative describing intent. Note: There is a $26.00 fee for each copy of Ordinance No. 348, "Subdivision/Land Development" and a $20.00 fee for each copy of Ordinance No. 171, "Zoning". Required application must be submitted no later than two (2) weeks prior to the Planning Commission meeting at which consideration is desired. Applications received after the required time period will be held until the following month's meeting. Meetings are held the fourth Wednesday of each month (January through October) unless otherwise advertised. For information regarding tax parcel numbers, you may call the Tax office at 412-771-3616. **Ordinance No. 218 requires that the applicant reimburse the Township for the Engineer costs which may exceed the initial application fee. An invoice will be issued to the applicant subsequent to receipt of Engineer's statement.*

1. **Property Owner** Name: _____ Address: _____ Telephone: _____Email: _____	2. **Location** of Proposed Subdivision/Site Review:_____ Name of Plan/Project: _____ Subdivision _____ Site Review _____ (please check)
3. **Engineer/Surveyor**: Name: _____ Address: _____ Telephone: _____Email: _____	4. **Developer** Name: _____ Address: _____ Telephone: _____Email: _____
5. Tax Parcel No. _____ Deed Book No. _____ Page No. _____	6. Total No. of Current Lots: _____ Total Project Acres: _____ Total No. of Proposed Lots: _____ Total Disturbed Acres: _____
7. Type of Development (please check) _____Commercial _____Residential _____ Industrial _____ Other	8. Type of Road (please check) _____Public _____Private _____Other (specify) _____
9. Type of Water Supply (please check) _____ Public _____ Well	10. Type of Sanitary Sewer disposal system (please check) ____ Public Sanitary Sewers ____On Lot Septic ____ Other (specify)_____
11. Water Supply Source (please check) ___Township of Kennedy ___ Township of Robinson ___ Other (specify) _____	12. Public Sanitary Sewer System (please check) ___Township of Kennedy ___ Township of Robinson ___ Other (specify) _____
SIGNATURE: _____ Owner/Agent (please specify) Date Print Name: _____	SIGNATURE: _____ Township Official Date

BELOW INFORMATION TO BE COMPLETED BY TOWNSHIP OFFICIAL

1. Date Fee Paid: _____ 2. Amount Of Fee Paid: _____ 3. Receipt No.: _____	4. 90 Day Expiration Date: _____ 5. Extended Dates: a._____ b. _____ c._ _____ 6. Meeting Date Agenda _____

PLANNING COMMISSION REVIEW PROCESS

Planning Commission Date of Review _____ Planning Consultant Review Date _____ Planning Commission Meeting Date _____
Planning Approval Recommendation Date _____ Planning Disapproval Recommendation Date _____
Date Referred to ZHB _____ ZHB Decision _____
BOC Meeting Date _____ □ Approved (√) □Denied (√) Resolution No. _____
Date Mylar Signed _____ Date of Allegheny County Recording _____

Revised 10-11-10