

Township of Hopewell
▲ Subdivision and Land Development Application □
1700 Clark Boulevard, Aliquippa, PA 15001
Telephone: (724) 375-3112 □ Fax: (724) 378-3034

DATE OF APPLICATION: _____ Preliminary (✓) _____ Final (✓) _____

DIRECTIONS: Please answer questions pertinent to your subdivision request. Fifteen (15) copies of the SUBDIVISION plan are required for the PRELIMINARY review; six (6) copies of the plan are required for the final review. Subdivision application and plans must be filed with the township 15 days prior to scheduled meeting.

1. Property Owner Name: _____ Address: _____ Telephone: _____	2. Location of Proposed Subdivision: _____ Name of Plan: _____
3. Engineer/ Surveyor Name: _____ Address: _____ Telephone: _____	4. Developer Name: _____ Address: _____ Telephone: _____
5. Tax Parcel No. _____ Deed Book No. _____ Page No. _____	6. No. of Current Lots: _____ No. of Proposed Lots: _____
7. Type of Development (please ✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other	8. Type of Road: (please □) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____
9. Type of Water Supply (please ✓) <input type="checkbox"/> Public <input type="checkbox"/> Well	10. Type of sanitary disposal system: (please ✓) <input type="checkbox"/> Public Sanitary Sewers <input type="checkbox"/> On Lot septic <input type="checkbox"/> Other (specify)
11. Water Supply Source (please ✓) <input type="checkbox"/> City of Aliquippa <input type="checkbox"/> Creswell <input type="checkbox"/> Other	12. Public Sanitary Sewer System (please ✓) <input type="checkbox"/> Hopewell <input type="checkbox"/> City of Aliquippa <input type="checkbox"/> Other (specify)
SIGNATURE: _____ <i>Owner / Agent (please specify)</i> Date _____ Printed: _____	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: _____
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PLANNING & ZONING COMMISSION REVIEW PROCESS

BCPC Date of Review _____ Planning Consultant Review Date _____ P / Z Agenda Date: _____

P / Z Recommendation: Date Recommendation of Approval _____ Date Recommendation of Disapproval _____

Date Referred to ZHB: _____ ZHB Decision: _____

BOC Agenda Date _____ (□) Approved (□) Denied • • • Resolution No. _____

Date Mylar Signed _____ Date of Recording in Court House: _____