

**Township of Potter**  
 Potter Township Municipal Building  
 206 Mowry Road, Monaca, PA 15061-2224  
 Telephone: 724-495-6220 Fax: 724-495-3222

**Subdivision and Land Development Application**

*(Must be filed Two (2) weeks before the regularly scheduled meeting of the Planning Commission for consideration at that meeting)*

**Date of Application:** \_\_\_\_\_ **IS THIS A :** \_\_\_\_\_ **Major subdivision**  
 Preliminary \_\_\_\_\_ **Minor Subdivision**  
 Final \_\_\_\_\_ **Lot line revision**  
 Tracking No. P- \_\_\_\_\_ **Mobile Home Park**  
 \_\_\_\_\_ **Land Development**

Property Owner  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Location of Proposed Subdivision/Land  
 Development: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Plan: \_\_\_\_\_

Engineer / Surveyor  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Developer  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Tax Parcel No.: \_\_\_\_\_  
 Deed Book No.: \_\_\_\_\_  
 Page/Instrument No.: \_\_\_\_\_

No. of Current Lots: \_\_\_\_\_  
 No. of Proposed Lots: \_\_\_\_\_

Type of Development:  
 Commercial \_\_\_\_\_ Residential \_\_\_\_\_  
 Industrial \_\_\_\_\_ Other \_\_\_\_\_

Type of Road:  
 Public \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_

Type of Water Supply:  
 Public \_\_\_\_\_ Well \_\_\_\_\_

Type of Sanitary Disposal System:  
 Public Sanitary Sewers \_\_\_\_\_  
 On Lot Septic \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Water Supply Source:  
 Aliquippa \_\_\_\_\_ Center \_\_\_\_\_ Other \_\_\_\_\_

Public Sanitary Sewer System:  
 Center \_\_\_\_\_ Aliquippa \_\_\_\_\_ Other \_\_\_\_\_ (specify)

Signature: \_\_\_\_\_  
 Owner/ Agent (please specify)  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Township Official  
 Date \_\_\_\_\_

**BELOW INFORMATION TO BE COMPLETED BY TOWNSHIP ADMINISTRATOR**

Date Fee Paid: \_\_\_\_\_  
 Amount of Fee Paid: \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_  
 (If Application is complete)

90-Day Expiration Date: \_\_\_\_\_  
 Extended Dates: a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
 Meeting Date Agenda: \_\_\_\_\_

**PLANNING COMMISSION REVIEW PROCESS**

P/Z Recommendation: \_\_\_\_\_  
 BCPC Date of Review: \_\_\_\_\_  
 BOS Agenda Date: \_\_\_\_\_  
 Date Mylar Signed: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Date of Disapproval: \_\_\_\_\_  
 Planning Consultant Review Date: \_\_\_\_\_ P/Z Agenda Date: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Resolution No.: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_