

SUBDIVISION APPLICATION

BOROUGH OF MUNHALL

1900 West Street • Munhall, PA 15120 • 412-464-7310

www.munhallpa.us

Applicant's Name: _____

Represented by (if applicable): _____

Address: _____

Telephone: _____ FAX: _____

Date of Application _____

Check One: Owner of record Option Holder
 Agent for the Owner Other

If other, list relationship: _____

If not the owner of record, list the owner of record's name and address

(Please note that a letter of authorization from the owner of record is required)

Name: _____

Address: _____

Telephone Number: _____

Name of proposed Subdivision:

Location of the property for the proposed subdivision:

The proposed subdivision is a:

Check One: Lot Split Minor Subdivision (1-3 lots)
 Lot Line Adjustment Major Subdivision (4 + lots)

How many lots are being created by this subdivision: _____

What is the current zoning classification of this property? _____

What is/are the current land use(s) of this property? _____

Are new streets being proposed? YES* NO

*If YES, please list all of the variances being requested and attach a narrative explaining for each variance being requested:

NOTE: Be sure to read all codes in the subdivision Regulations, the Construction Standards and the Zoning Code which may apply to your proposal.

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BOROUGH OF MUNHALL

List any other notes or comments which may help to explain your proposal: _____

Applicant Signature: _____ Date: _____

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Preliminary subdivision review by the Commission: _____

Engineering review of the proposal: _____

Final subdivision review by the Commission: _____

Date of final disposition before Council:

Approved _____ or Rejected _____ by Council on: _____

FEE AMOUNT: _____ **Paid on:** _____

NOTES: