

APPLICATION FOR SUBDIVISION APPROVAL OR REVIEW APPLICATION  
CITY OF ALIQUIPPA PLANNING COMMISSION  
PLEASE ANSWER ALL QUESTION

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Owner of Property: \_\_\_\_\_

Address of owner \_\_\_\_\_

Location: \_\_\_\_\_

(Circle One) Preliminary / Final Plan Name:  
\_\_\_\_\_

Engineer or  
Surveyor: \_\_\_\_\_ Phone \_\_\_\_\_

Surveyor or  
Developer: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Number of Lots \_\_\_\_\_

Average Lot  
Frontage \_\_\_\_\_

Average Lot Size  
(sq. ft.) \_\_\_\_\_

Type of Development \_\_\_\_\_

Zoning District \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_

Linear Feet of New Streets \_\_\_\_\_

Area of Added Right-of-Way to existing roads	Length	Width
State Roads	_____	_____
County Roads	_____	_____
Local Roads	_____	_____