

Preliminary Plan

File No. _____

Final Plan

Check One

Date of Application _____

SELINGROVE BOROUGH PLANNING COMMISSION
Application for Subdivision Approval

Name of Subdivision _____

If a Final Plan, indicate:

Section Number, if any _____

Date of Preliminary Plan Approval _____

Borough _____

Location _____

Owner _____

Address _____ Tel. No. _____

Applicant _____

Address _____ Tel. No. _____

Registered Engineer or Surveyor _____

Address _____ Tel. No. _____

Existing Zoning _____

No. of Lots _____

Total Acreage _____

Minimum Lot Size _____

Lineal Feet of New Streets _____

Average sales price of houses to be built _____

REMARKS:

Signature of Owner or Applicant