

CITY OF JOHNSTOWN PLANNING COMMISSION
City Hall, Room 200
401 Main Street
Johnstown, Pennsylvania 15901

MINOR SUBDIVISION APPLICATION

THE UNDERSIGNED HEREBY APPLIES FOR REVIEW BY THE
PLANNING COMMISSION FOR THE MINOR SUBDIVISION PLAN
SUBMITTED HEREWITH AND DESCRIBED BELOW:

Date Submitted: _____

1. Address of Subdivision: _____
Neighborhood: _____ Zoning Classification: _____ Deed No: _____
County Tax Map No.: _____

2. Name of Property Owner(s): _____
Address: _____

City State Zip Code
Phone: _____

3. Name of Applicant(s): _____
(If different than Property Owner)
Address: _____

City State Zip Code
Phone: _____

4. Applicant's Interest if Other than Owner(s): _____

5. Purpose of the Subdivision: _____

6. Engineer/Surveyor Responsible for Plan: _____
 Address _____

 City State Zip Code
 Phone: _____

7. Number of Lots Contemplated: _____

8. Copy of Deed: _____

The undersigned represents that to the best of his/her knowledge and belief, all of the above statements are true, correct and complete.

 Name of Applicant Signature of Applicant Date

 Name of Applicant Signature of Applicant Date

This Application for Review by the Planning Commission shall be accompanied by a check in the amount of \$100.00 plus \$25.00, per lot over two (2) lots, as a filing fee.

**Checks to be made payable to the:
 CITY OF JOHNSTOWN**

Date of Check: _____ Amount Paid _____ Check No _____

_____**APPROVED**_____ **DENIED BY PLANNING COMMISSION** _____
DATE