

MINOR LAND DIVISION / LOT SPLIT

UNION TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL

DATE SUBMITTED _____

APPLICATION NUMBER _____

To Be Filled Out By Applicant	Applicant(s): _____ Phone Number: _____				
	E-mail Address: _____				
	Mailing Address: _____		_____	_____	_____
	Street	City	State	Zip Code	
Authorized Representative / Property Owner Signature(s): _____					
Parcel Information:					
Current Property Owner(s): _____					

Parcel Address: _____		_____	_____	_____	
Street		City	Zip Code		
Parcel ID #: _____					
Original Acreage: _____					
Proposed Lot Split(s):		Building Setbacks (if applicable)			
	Acreage	Frontage	Side	Rear	
1)	_____	_____	_____	_____	
2)	_____	_____	_____	_____	
3)	_____	_____	_____	_____	
4)	_____	_____	_____	_____	
REMAINDER	_____	_____	_____	_____	
Township Use Only	Variance Application : <input type="checkbox"/> Yes <input type="checkbox"/> No		Variance Section Number(s): _____		
	Was the Variance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Variance Application Number(s): _____		
			Date Approved (Attach approval letter): _____		
	Zoning Classification: _____		Building Setbacks (Minimum Requirements)		
	Minimum Frontage: _____		Side: _____ Rear: _____		
	Minimum Acreage: _____				
APPROVED DENIED CONDITIONAL		_____		_____	
		Zoning Inspector Signature		Date	

		Zoning Inspector Printed Name			
Comments: _____					
