



“Zoning”

Date Submitted: _____

Township Zoning Review for a **LOT SPLIT**

TO BE COMPLETED BY PROPERTY OWNER OR APPLICANT

This form is for the Department of Planning’s use as related to minimum lot requirements and land use and DOES NOT constitute formal approval/denial of a zoning permit.

NOTE: Bring this form, current deed, tax map and/or survey map to the Local Township Zoning Inspector.

Name of Property Owner: _____ Address: _____ Telephone Number: _____ Email of Above: _____ Signature _____	Township: _____ Permanent Parcel ID#: _____ Road parcel FRONTS: _____ Are there buildings on the property? Y / N Type of structures located on the lot being split: _____
--	--

TO BE COMPLETED BY TOWNSHIP ZONING OFFICIAL

<u>Proposed Lot:</u> Frontage _____ ft. Acreage _____ <input type="checkbox"/> Does meet <input type="checkbox"/> Does NOT meet the Township’s <i>minimum</i> zoning requirements.	<u>Remaining Lot:</u> Frontage _____ ft. Acreage _____ <input type="checkbox"/> Does meet <input type="checkbox"/> Does NOT meet the Township’s <i>minimum</i> zoning requirements.
--	---

NOTE: If either lot does NOT meet minimum requirements, and a variance has been issued by the Township Zoning Board of Appeals, attach a letter signed by the Chairman of the Zoning Board of Appeals indicating when and why the variance was issued.

List any other comments or special conditions on the reverse side of this sheet and check here for review.

Please return this form to the Department of Community Services and Planning when completed.

Comments:

Signature of Township Zoning Official:

Date:
