

# MINOR LAND DIVISION / LOT SPLIT

## ST ALBANS TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL

DATE SUBMITTED \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

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: \_\_\_\_\_ Building Setbacks (if applicable)

Proposed Lot Split(s):	Acreage	Frontage	Side	Rear
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
REMAINDER _____	_____	_____	_____	_____

Variance Application:  Yes  No

Was the Variance Approved:  Yes  No

Variance Section Number(s): \_\_\_\_\_

Variance Application Numbers(s): \_\_\_\_\_

Date Approved (Attach approval letter): \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Minimum Frontage: \_\_\_\_\_

Minimum Acreage: \_\_\_\_\_

Building Setbacks (Minimum Requirements)

Side: \_\_\_\_\_ Rear: \_\_\_\_\_

**APPROVED**

**DENIED**

**CONDITIONAL**

\_\_\_\_\_  
Zoning Inspector Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Inspector Printed Name

Comments: \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

TOWNSHIP USE ONLY