

MINOR LAND DIVISION / LOT SPLIT

Madison

TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL

APPLICATION NUMBER

To Be Filled Out By Applicant	Applicant(s): _____ Phone Number: _____				
	E-mail Address: _____				
	Mailing Address: _____		City	State	Zip Code
	Street				
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	_____				
Township Use Only	Variance Application : Yes No		Variance Section Number(s): _____		
	Was the Variance Approved: Yes 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		
			_____	Date	
			Zoning Inspector Signature		

		Zoning Inspector Printed Name			
Comments: _____					