

MINOR LAND DIVISION / LOT SPLIT

Application for Administrative Approval

Liberty Township, Licking County, Ohio

Date Submitted _____

Application Number _____

To Be Filled Out by Applicant	Applicant(s): _____ Phone: _____ E-mail Address: _____ Mailing Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Code </small>																														
	Authorized Representative / Property Owner Signature(s): _____																														
Township Use Only	Parcel Information: Current Property Owner(s): _____ _____																														
	Parcel Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City Zip Code </small>																														
	Parcel ID #: _____																														
	Original Acreage: _____																														
	Proposed Lot Split(s): <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Acreage</th> <th style="width: 20%;">Frontage</th> <th style="width: 20%;">Side</th> <th style="width: 25%;">Rear</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Remainder)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Acreage	Frontage	Side	Rear	1)	_____	_____	_____	_____	2)	_____	_____	_____	_____	3)	_____	_____	_____	_____	4)	_____	_____	_____	_____	Remainder)	_____	_____	_____	_____
		Acreage	Frontage	Side	Rear																										
	1)	_____	_____	_____	_____																										
	2)	_____	_____	_____	_____																										
	3)	_____	_____	_____	_____																										
	4)	_____	_____	_____	_____																										
Remainder)	_____	_____	_____	_____																											
Building Setbacks (if applicable)																															
Variance Application: YES NO Variance Section Number(s): _____																															
Was 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 _____ Zoning Inspector Signature Date																															
_____ Zoning Inspector Printed Name																															
Comments: _____ _____																															