

MINOR LAND DIVISION / LOT SPLIT

GRANVILLE TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL

DATE SUBMITTED _____

APPLICATION NUMBER _____

To Be Filled Out By Applicant	Applicant(s): _____ Phone Number: _____ E-mail Address: _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Code </div> Authorized Representative / Property Owner Signature(s): _____																																			
	Parcel Information: Current Property Owner(s): _____ Parcel Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City Zip Code </div> Parcel ID #: _____ Original Acreage: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">Proposed Lot Split(s):</th> <th rowspan="2" style="width: 20%;">Acreage</th> <th rowspan="2" style="width: 20%;">Frontage</th> <th colspan="2" style="width: 50%;">Building Setbacks (if applicable)</th> </tr> <tr> <th style="width: 25%;">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>					Proposed Lot Split(s):	Acreage	Frontage	Building Setbacks (if applicable)		Side	Rear	1)	_____	_____	_____	_____	2)	_____	_____	_____	_____	3)	_____	_____	_____	_____	4)	_____	_____	_____	_____	REMAINDER	_____	_____	_____
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1)	_____	_____	_____	_____																																
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4)	_____	_____	_____	_____																																
REMAINDER	_____	_____	_____	_____																																
Township Use Only	Variance Application : <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Variance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Variance Section Number(s): _____ Variance Application Number(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: _____ _____																																				