

APPLICATION For LOT SPLIT / PARCEL SPLIT

Vicinity of Proposal: _____

PROPERTY OWNER(S)	APPLICANT (if different than owner)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

SURVEYOR / ENGINEER	CONTACT PERSON
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

I/we, the (owner(s)/duly authorized agent), do hereby make application for a Lot/Parcel Split described with this application.

Owner's Signature (all owners must sign): _____ *Date:* _____

Owner's Signature: _____ *Date:* _____

OFFICE USE ONLY	
Application filed: _____	Application approved by: _____
Receipt # _____	Approval date: _____
Fees:	
Application amount: \$ _____	County Surveyor approval date: _____
Application # _____	Recording Date: _____
Parcel # _____	
S _____ T _____ R _____ Twp. _____	
Current Zoning: _____	