

MINOR LAND DIVISION/LOT SPLIT

MCKEAN TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL

Please Print

DATE SUBMITTED _____ APPLICATION NUMBER _____

Applicant(s) _____ Phone _____

Mailing Address _____

Email Address _____

Authorized Representative/ Property Owner Signature(s) _____

Current Property Owner(s)

Parcel Address: _____

Parcel ID#: _____ Original Acreage: _____

Proposed Lot Splits(s)

	Acreage	Frontage	Building setbacks			
			Front	Rear	Left	Right
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____
Remainder	_____	_____	_____	_____	_____	_____

Variance application (yes / no) _____ Variance from Section(s) _____

Variance (approved / denied) _____ Variance application number(s) _____

Zoning classification _____ Minimum acreage _____ Minimum frontage _____

Minimum setbacks: Front _____ Rear _____ Left _____ Right _____

ACTION: APPROVED DENIED _____ CONDITIONAL _____

Zoning Inspector's signature _____

Comments _____