## **MINOR LAND DIVISION / LOT SPLIT**

## JERSEY TOWNSHIP APPLICATION FOR ADMINISTRATIVE APPROVAL DATE SUBMITTED APPLICATION NUMBER

	Applicant(s):Phone Number:					
	E-mail Address:					
	Mailing Address:	Street	City		State	Zip Code
	Authorized Representative / Property Owner Signature(s):					
	Parcel Information:  Current Property Owner(s):					
	Parcel Address:	Street		City	<del></del>	Zip Code
	Parcel ID #:					
	Original Acreage:				Building S	etbacks
	Proposed Lot Split(s):				(if appli	cable)
		creage	Frontage		Side	Rear
	2)					
	2)					
	REMAINDER			 		
Township Use Only		☐ No	Variance Section Number			
	Was the Variance Approved: Yes No		Variance Application Number(s):  Date Approved (Attach approval letter):			
	Zoning Classification:		Building Setbacks (Minimum	Requirements	5)	
	Minimum Frontage:		Side:Rear:		_	
	Minimum Acreage:					
	APPROVED DENIED (	CONDITIONAL _	Zawina Inanasha Ci			Date
	_		Zoning Inspector Signature Date			Date
			Zoning Inspector Prin	nted Name		
	Comments:					