

APPLICATION FOR APPROVAL OF LAND DIVISION (for divisions creating no more than 2 new parcels, exclusive of remainder parcel)

	Applicant Name:	Applicant Phone No.		No.:			
	Property Owner (if different):	Applicant Email:					
	Applicant Mailing Address:						
	Permanent Parcel No.(s):		Parent Parcel Size	e:			
	Property Address:		Zoning District:				
	• • • • • • • • • • • • • • • • • • • •	rmation, as requ	ired by PA 591 of 1	996, and th	ie Ada	Township Land Div	visio
)rc	linance:			YES	NO	NOT	
1.	A survey of the property identifying the proposed parcel boundaries:						
2.	Accurate legal description for each parcel proposed to be created:						
3.	Size of each parcel, both inclusive of and exclusive of public and private road right-of-way:						
4.	Land Division Tax Payment Certification Form from Kent County Treasurer:						
5.	remainder parcel:						
٩pp	olicant Signature:		Date:				
	Permanent Parcel No.(s): Property Address: Zoning District: The application must contain the following information, as required by PA 591 of 1996, and the Ada Township Land Divisordinance: YES NO NOT APPLICABLE A survey of the property identifying the proposed parcel boundaries: Accurate legal description for each parcel proposed to be created: Size of each parcel, both inclusive of and exclusive of public and private road right-of-way: Land Division Tax Payment Certification Form from Kent County Treasurer:						
	Application received by (initials)	on (date)					
	Application fee in the amount of \$	paid o	on (date)	File #			
	Note: Approval by both the Assessor and the Zoning Administrator is required.						
	☐ Approved by Assessor.	Signature:	ure:		Date:		
	☐ Approved by Zoning Administrator.	Signature:			Date:		
		☐ Zoning Adm	inistrator,				