

APPLICATION FOR APPROVAL OF LAND DIVISION (Creating 3 or more lots, exclusive of remainder parcel, OR division of a platted lot)

Applicant Information:				
Name:				
Address:				
Phone Number:	Email:			
Property Owner Name(s) and Address (if different t	than above):			
Permanent Parcel No.(s):	Property Address:			
Parent Parcel Size:	Zoning District:			
This application must contain the following information ordinance, unless it is determined, in consultation applicable to the proposed division:				
A survey of the property must cont	tain the following information:	YES	NO	N/A
Date of survey, north arrow and scale				
Boundaries, including bearings and dimensions of				
Size of each proposed parcel, both inclusive of & road right-of-way				
Existing and proposed access and utility easemen	nts			
Zoning of the subject property and abutting prop	perties			
Setback lines and lot width measurements for all of allowable building envelopes	proposed lots, or boundaries			
Existing topographic contours, at 10-foot intervals	s or less			
Woodland boundaries and other predominant ve Property	egetative cover on the subject			
Wetland boundaries, regardless whether subject	to State regulation			
Planned location of future driveways, shared driv will provide access to proposed lots	eways and private roads that			
Other information that may be requ	ired for Land Division approval:	YES	NO	N/A
Accurate legal description for each parcel propo	<u>.</u>			11771
Proof that all due and payable taxes or installment are paid in full (Land Division Tax Payment Certific				
Applicant Signature:	Date:			

Date: _____

Owner Signature(s):

REVIEW AND APPROVAL PROCEDURE:

- If the proposed land division creates three (3) or more new parcels, not counting the remainder of the parent parcel, or is a land division of a platted lot, the review for compliance with the provisions of the Zoning Ordinance is carried out by the Planning Commission, rather than by the Zoning Administrator. Please contact the Planning Department regarding the scheduled date of the Planning Commission meeting at which the application will be reviewed.
- A signed copy of the application form and a confirming cover letter will be sent to you following completion of the review process.

APPLICATION FEE:

An application fee in the amount of \$250.00 must accompany this application.

Note: Electronic file/pdf is required on all applications (submit via email).

TO BE COMPLETED BY ADA TOWNSHIP

Application Received:mm / dd / yy	_ Initial:					
App. Fee of \$Received: _	Initial: mm/ dd / yy	Check #	Receipt #			
Land Division Tax Payment Certification Form from the Kent County Treasurer's office received? Yes: ☐ No: ☐						
CERTIFICATION AS TO COMPLIANCE WITH THE LAND DIVISION ACT (ACT 288 OF 1967, AS AMENDED):						
☐ Approved by Assessor Signature:		Date: _				
CERTIFICATION AS TO COMPLIANCE WITH THE ADA TOWNSHIP ZONING ORDINANCE:						
Planning Commission review required?	Yes: □ No:					
If yes, date of Planning Commission mee	eting:	_				
Zoning Administrator's Signature:		Date:				
Approval is denied by the Assessor Zoning Administrator Planning Commission, for the following reasons:						

Updated 12/21/2023 (f:users/planzone/app&forms/app templates)