



**APPLICATION FOR APPROVAL OF LAND DIVISION
(Creating 3 or more lots, exclusive of remainder parcel)**

Applicant Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Property Owner Name(s) and Address (if different than above): _____

Permanent Parcel No.(s): _____ Property Address: _____

Parent Parcel Size: _____ Zoning District: _____

This application must contain the following information, as required by PA 591 of 1996, and the Ada Township Zoning Ordinance, unless it is determined, in consultation with the Zoning Administrator, that the information is not applicable to the proposed division:

A survey of the property must contain the following information:	YES	NO	N/A
Date of survey, north arrow and scale			
Boundaries, including bearings and dimensions of existing & proposed parcels			
Size of each proposed parcel, both inclusive of & exclusive of public and private road right-of-way			
Existing and proposed access and utility easements			
Zoning of the subject property and abutting properties			
Setback lines and lot width measurements for all proposed lots, or boundaries of allowable building envelopes			
Existing topographic contours, at 10-foot intervals or less			
Woodland boundaries and other predominant vegetative cover on the subject Property			
Wetland boundaries, regardless whether subject to State regulation			
Planned location of future driveways, shared driveways and private roads that will provide access to proposed lots			
Other information that may be required for Land Division approval:	YES	NO	N/A
Accurate legal description for each parcel proposed to be created			
Proof that all due and payable taxes or installments of special assessments are paid in full			

Applicant Signature: _____ Date: _____

Owner Signature(s): _____ Date: _____

REVIEW AND APPROVAL PROCEDURE:

- If the proposed land division creates three (3) or more new parcels, not counting the remainder of the parent parcel, 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.

TO BE COMPLETED BY ADA TOWNSHIP

Application Received: _____ Initial: _____
mm / dd / yy

App. Fee of \$ _____ Received: _____ Initial: _____ Check # _____ Receipt # _____
mm/ dd / yy

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 meeting: _____

Zoning Administrator’s Signature: _____ Date: _____

Approval is denied by the Assessor Zoning Administrator Planning Commission,
for the following reasons: _____

Updated 11/19