

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

Applicant Name: Property Owner (if different):	Applicant Phone No.: Applicant Fax No.:
Applicant Mailing Address: _____ _____	
Permanent Parcel No.(s):	Parent Parcel Size:
Property Address:	Zoning District:

The 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:

	YES	NO	NOT APPLICABLE
1. A survey of the property containing the following information:			
a. date of survey, north arrow and scale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. boundaries, including bearings and dimensions, of existing and proposed parcels:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. size of each proposed parcel, both inclusive of and exclusive of public and private road right-of-way:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. existing improvements, including buildings, structures driveways and roads, underground and overhead utility lines and fences:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. existing and proposed access and utility easements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. zoning of the subject property and abutting properties:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. setback lines and lot width measurements for all proposed lots, or boundaries of allowable building envelopes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. existing topographic contours, at 10 foot intervals or less:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. woodland boundaries and other predominant vegetative cover on the subject property:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. wetland boundaries, regardless whether subject to State regulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. planned location of future driveways, shared driveways and private roads that will provide access to proposed lots:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accurate legal description for each parcel proposed to be created:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Proof that all due and payable taxes or installments of special assessments are paid in full:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Application fee, in the amount of \$250.00:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature: _____

Date: _____

REVIEW AND APPROVAL PROCEDURE:

- If the proposed land division creates fewer than three (3) new parcels, not counting the remainder of the parent parcel, the application will be reviewed and acted upon by the Assessor, for compliance with the Land Division Act, PA 288 of 1967, as amended, and by the Zoning Administrator, for compliance with the Zoning Ordinance. Review and action on the application will be completed within within forty-five (45) days following receipt of a completed application.
- 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 Director 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.

THIS SECTION FOR TOWNSHIP USE	
Application received by (initials) _____ on (date) _____.	
Application fee in the amount of \$ _____ paid on (date) _____. File #: ____-	
CERTIFICATION AS TO COMPLIANCE WITH THE LAND DIVISION ACT (ACT 288 OF 1967, AS AMENDED).	
<input type="checkbox"/> Approved by Assessor.	Signature: _____ Date: _____
CERTIFICATION AS TO COMPLIANCE WITH THE ADA TOWNSHIP ZONING ORDINANCE.	
Planning Commission review required?: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, date of Planning Commission meeting: _____	
<input type="checkbox"/> Approved by Zoning Administrator.	Signature: _____ Date: _____
Approval is denied by the <input type="checkbox"/> Assessor <input type="checkbox"/> Zoning Administrator <input type="checkbox"/> Planning Commission, For the following reasons:	