

MINOR LAND DIVISION / LOT SPLIT

Application for Administrative Approval

Liberty Township, Licking County, Ohio

Date Submitted _____

Application Number _____

To Be Filled Out by Applicant	Applicant(s): _____ Phone: _____ E-mail Address: _____ Mailing Address: _____ <small style="display: block; margin-left: 100px;">Street</small> <small style="display: block; margin-left: 350px;">City</small> <small style="display: block; margin-left: 700px;">State</small> <small style="display: block; margin-left: 780px;">Zip Code</small> Authorized Representative / Property Owner Signature(s): _____																													
	Parcel Information: Current Property Owner(s): _____ _____ Parcel Address: _____ <small style="display: block; margin-left: 100px;">Street</small> <small style="display: block; margin-left: 600px;">City</small> <small style="display: block; margin-left: 780px;">Zip Code</small> Parcel ID #: _____ Original Acreage: _____ Proposed Lot Split(s): <table style="margin-left: 100px; width: 80%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Acreage</th> <th style="width: 20%;">Frontage</th> <th style="width: 20%;">Side</th> <th style="width: 20%;">Rear</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Remainder)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Acreage	Frontage	Side	Rear	1)	_____	_____	_____	_____	2)	_____	_____	_____	_____	3)	_____	_____	_____	_____	4)	_____	_____	_____	_____	Remainder)	_____	_____	_____
	Acreage	Frontage	Side	Rear																										
1)	_____	_____	_____	_____																										
2)	_____	_____	_____	_____																										
3)	_____	_____	_____	_____																										
4)	_____	_____	_____	_____																										
Remainder)	_____	_____	_____	_____																										
Township Use Only	Variance Application: YES NO Variance Section Number(s): _____ Was Variance Approved: YES NO Variance Application Number(s): _____ Date Approved (Attach approval letter): _____ Zoning Classification: _____ Building Setbacks (Minimum Requirements) Minimum Frontage: _____ Side: _____ Rear: _____ Minimum Acreage: _____ APPROVED DENIED CONDITIONAL _____ <small style="display: block; margin-left: 350px;">Zoning Inspector Signature</small> <small style="display: block; margin-left: 750px;">Date</small> _____ <small style="display: block; margin-left: 350px;">Zoning Inspector Printed Name</small> Comments: _____ _____																													

Initial below those items received (for projects on township roads)

_____ I have received the township's Driveway Culvert Installation and Excavation Permit Application
 _____ I have received the township's Road Damage Policy

Applicant Signature: _____ Date: _____