

Application #: _____

Date Filed: _____

KINGSTON TOWNSHIP
DELAWARE COUNTY, OHIO

APPLICATION FOR LOT SPLIT/SUBDIVISION REVIEW (07-31-09)

All applications must be submitted to the Zoning Office, 9899 State Route 521, Sunbury, Ohio 43074, with the appropriate filing fee. Should you have any questions, please contact us by phone at 740-524-0290 or by e-mail at zoning@kingstontwp.org. Questions regarding Delaware County requirements should be addressed to the Delaware County Regional Planning Commission by phone at 740-833-2260. The Application shall be accompanied by the following:

- ___ Typewritten or neatly printed application filled out completely;
- ___ Specified fee—4 lots or less \$100 dollars plus \$50 dollars per lot, 5 lots or more \$500 dollars plus \$50 per lot;
- ___ A plat and field survey of the subdivided lots conducted by a registered Ohio Surveyor showing any easements and/or right-of-ways;
- ___ Vicinity map showing property location; and,
- ___ Other pertinent supporting information.

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Owner/Grantor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Description/Location: _____

Subdivision Name (if applicable): _____

Parcel # _____ Range: _____ Section: _____ Farm Lot: _____

Present Zoning District: _____ Size of Lot: _____ Road Frontage: _____

Number of lots being created: _____

Structure Set Backs (if applicable): Front _____ Side _____ Side _____ Rear _____

IT IS RECOMMENDED THAT APPLICANTS OBTAIN THE

KINGSTON TOWNSHIP ZONING RESOLUTION (CODE) PRIOR TO MAKING APPLICATION.

THE COMPLETE ZONING CODE IS AVAILABLE FOR PURCHASE (\$25.00) BY CALLING 740-524-0290; YOU CAN EXAMINE THE CODE AT THE COMMUNITY LIBRARY, 44 BURRER DRIVE, SUNBURY, OHIO; YOU CAN REVIEW THE CODE AT THE KINGSTON TOWNSHIP ZONING OFFICE ON FRIDAY FROM 8:00 AM TO NOON; OR YOU CAN VIEW THE CODE ON THE KINGSTON TOWNSHIP WEBSITE UNDER ZONING AT www.kingstontwp.org .

The undersigned certifies that this application and the attachments thereto contain all information required by the zoning resolution and that all information contained herein is true and accurate and is submitted to request a preliminary site review.

Date: _____ Signature: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For Office Use Only

Date Filed: _____ Fee Paid: _____ Date of Site Visit: _____

Comments:

Zoning Approval

Date