

TOWNSHIP OF INDEPENDENCE
APPLICATION FOR
LAND SUBDIVISION



PLAN NAME: _____ NUMBER _____

PROPERTY OWNER (S)

NAME _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

ADDRESS: _____

TAX PARCEL # 66- _____ TOTAL ACREAGE _____

ZONE _____ CLEAN & GREEN _____ AG SECURITY _____

PLAN LOCATION _____ TOTAL LOTS _____

DEVELOPER (IF OTHER THAN OWNER)

NAME _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

ADDRESS: _____

SURVEYOR

NAME _____

PHONE (____) _____ CELL (____) _____ FAX (____) _____

ADDRESS: _____

My signature certifies that this application is complete and in compliance will all applicable codes, resolutions and ordinances.

SIGN NAME _____

PRINT NAME _____ DATE _____

