

FEE _____

FILE NO. _____

APPLICATION FOR MINOR SUBDIVISION

(Existing Dwelling Unit)

GRANTOR _____ ADDRESS _____

GRANTEE _____ ADDRESS _____

TOWNSHIP _____ SECTION _____ DATE SUBMITTED _____

AGENT _____ AGENT CONTACT # _____

CERTIFICATION: This is to certify that there is an existing dwelling unit on the subject parcel and an existing Septic System.

Date

By: _____
Hancock County Health Dept.
Designee

----- DO NOT WRITE BELOW THIS LINE -----
REVIEW CRITERIA:

- ____ Survey sketch attached.
- ____ Located along existing public road.
- ____ No more than five (5) lots are involved.
- ____ In conformance with applicable zoning regulations.
- ____ Access to existing *Public Street* by abutting thereon.
- ____ Major Thorofare? ____ Yes ____ No

____ Approved ____ Disapproved (If disapproved state reasons)

Date _____

HRPC Representative

* Effective January 10, 2005, please plan to drop off all applications for minor subdivisions at the HRPC office for review. The agent/applicant will be notified when the document is ready for pick up or you may leave envelopes and postage to have mailed back to you.