

BRIDGEWATER TOWNSHIP

PROPERTY SPLIT CERTIFICATE

ADMINISTRATIVE INFORMATION - There must be three copies of the application and attachments

CLERK: fill in date received & fee amount on three copies of this sheet, initial & date attachments.

Retain one copy of application (only) for township records.

Send one copy each of this sheet, application, & attachments to Planning Commission Chair

Send two copies each of this sheet & attachments and one copy of application to Zoning Administrator.

One copy of this sheet & final attachments will be returned to CLERK when consideration is completed.

_____ Application received by Township Clerk, \$ _____ fee paid. (Date & Initial attachments)
date

Application received: _____ by Planning Commission Chair _____ by Zoning Administrator
date date

_____ Application information [_] complete/accepted [_] incomplete/returned for further information
date

_____ Application details reviewed by Planning Commission Chair & Zoning Administrator
date

COMMENTS: _____

_____ Applicant advised of required proposal adjustments: ATTACH COPY OF ADJUSTMENTS REQUIRED
date

_____ Adjustments received _____ Reviewed
date date

CERTIFICATION – TOWNSHIP RECORDS - _____
APPLICANT NAME ORIGINAL TAX ID #

_____ Proposal meets or exceeds Zoning Ordinance minimums for:
date

[_] lot sizes(s) [_] lot width(s) [_] access to each lot [_] yard requirements

SURVEY with legal descriptions of proposed lot(s) for final approval:

_____ Applicant notified to obtain _____ Received (DATE and SIGN and ATTACH if approved)
date date

PLANNING COMMISSION CHAIR date ZONING ADMINISTRATOR date

Complete Clerk's copy of certificate, sign & date all copies of final attachments
ONE FULL COPY EACH of application & signed Final Attachments & Certificate to CLERK, PLANNING CHAIR, & ZONING ADMINISTRATOR
ONE COPY EACH of Application, Final Attachments & CERTIFICATION - APPLICANT to Applicant

_____ Recording Extension granted Length of Extension _____
date

PLANNING COMMISSION CHAIR date ZONING ADMINISTRATOR date

CERTIFICATION - APPLICANT _____
APPLICANT NAME ORIGINAL TAX ID #

_____ Proposal meets or exceeds Bridgewater Township Zoning Ordinance minimums for:
date

[_] lot sizes(s) [_] lot width(s) [_] access to each lot [_] yard requirements

Attached SURVEY with legal descriptions of approved lot(s)
MUST BE DATED and SIGNED by persons signing this certificate to be valid.
A copy of application, all attachments and this certificate will be on file with township clerk.

DEEDS OR OTHER TRANSFER DOCUMENTS MUST BE RECORDED WITHIN ONE YEAR OF APPROVAL DATE UNLESS AN EXTENSION IS APPROVED BY PLANNING COMMISSION CHAIR AND ZONING ADMINISTRATOR.

PLANNING COMMISSION CHAIR date ZONING ADMINISTRATOR date

_____ Recording Extension granted Length of Extension _____

PLANNING COMMISSION CHAIR date ZONING ADMINISTRATOR date

