

Application for Lot Split/Combination Same District

Scioto Township, Pickaway County

Application #: _____

Fee Amount \$ _____

Date: _____

Application for Lot Split/Combination Same District

Applicant Name: _____ Phone #: _____

Applicant E-mail: _____

Property Owner: _____ Phone #: _____

Owner Address: _____

Property Address: _____ Parcel #: _____

_____ Split _____ Combination with Parcel #: _____

Zoning District: _____ Current Use: _____ Proposed Use: _____

Property Owner Signature: _____ Date: _____

As Zoning inspector of Scioto Township, Pickaway County, I hereby certify that such application ____ meets ____ Does not meet requirements of Scioto Township Zoning Resolution.

Zoning Inspector Signature _____ **Date** _____

Comments:

Forwarded to Pickaway County Planning Commission for Review. Date _____ **Approved** ____ **Denied** ____

Comments:

