

City of Niles

Routing Sheet for Land Division Request

Date Application Received: _____ 45 Day Review Period Ends: _____

Applicant(s) Name & Telephone #: _____

Contact Person's Name & Telephone #: _____

of Parent Parcels: _____ # of Children Parcels: _____

Parent Parcel Number(s): 11-_____ Property Address: _____

Owner(s) Name: _____

Parent Parcel Number(s): 11-_____ Property Address: _____

Owner(s) Name: _____

Map or Survey of Proposed Division / Combination Submitted: YES NO

Dimensions of Proposed Division / Combination provided: YES NO

Proposed Legal Description for each new "Child" parcel(s) provided: YES NO

Zoning Administrator

Zoning Administrator for Approval: _____ Date Copied to Building Safety: _____

Current Zoning: _____ Existing buildings will conform to setback requirements. YES NO

New parcel(s) will conform to required parcel size, use, access, road frontage, & lot coverage. YES NO

Complies with Zoning Ordinance. YES NO

Zoning Administrator Comments: _____

Approved _____
Date

Denied _____
Date

Assessor

Date forwarded to Assessor for Approval: _____

Prior # of Splits (after 3/31/1997): _____ # Remaining Splits: _____

Each Parcel has a depth of not more than 4 times the width (Depth to Width Ratio)

Child Parcel Depth _____ * 4 = _____ > _____

Approved _____
Date

Denied _____
Date

Further information/documentation required _____

1. Have a legal description of the properties
2. Fill out the Request for Combo/Split
3. Return Request to Assessor
4. Assessor reviews, sends to Planner
5. Planner Approve or Deny
6. Update Zoning Map for Approvals