



Administration Office  
200 New Home Drive  
Newark, Ohio 43055  
Telephone: 740-763-2641  
Fax: 740-763-2641  
www.HanoverOhio.net

## APPLICATION FOR LOT SPLIT

Date \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Property Address: \_\_\_\_\_
5. Attach legal description of the property and current survey prepared by a licensed surveyor showing the property to be split off and the remainder in its entirety.
  - a. Does the lot remaining after the lot split meet all of the zoning requirements for the current zoning district (circle one)? Yes or No (if no, applicant may not divide without modifications)
  - b. Does the lot being split off meet all of the zoning requirements for the current zoning district (circle one)? Yes or No (if no, applicant may not divide without modifications)

SUPPORTING INFORMATION – Attach the following items to the application.

- Preliminary drawing of the proposed lot split showing all dimensions, square footage, encroachments, floodplain, if applicable, easements, existing and intended use of all parts of the lot, size and location of all proposed buildings on the lot, location of all streets and right-of- ways, proposed provisions of water and sanitary sewer facilities, and a list of all property owners contiguous to, or directly across the street from the proposed lot split.

*I certify the information contained in this application and attachments is true and accurate*

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Application Number: \_\_\_\_\_

Total Fee Paid: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

1. Current Zoning: \_\_\_\_\_

2. Current Use: \_\_\_\_\_

a. Does the current use match the zoning (circle one)? Yes or No (if no, see 6.b.)

b. If the use does not match the zoning the applicant must rezone the property(s) to coincide with the current or planned use. (applicant needs Re-Zoning Application)

3. Will the property require a Variance to meet zoning (circle one)? Yes or No (if yes, see number 11)

4. Has applicant received approved variance from Village of Hanover Board of Zoning Appeals (circle one)? Yes or No (if No, do not issue permit until copy of approved variance is provided)

5. Has applicant connected to Village Sewer System (circle one)? Yes or No (if No, applicant needs sewer connection form)

6. Will the Use have water from a (circle one)? Private Well, Community Well, or County Water

a. If Private or Community water well, do you have your permit from Health Department or EPA for the intended use (circle one)? Yes or No (if no, applicant must submit either permit to install or letter of intent from governing agency to approve)

7. Remarks:

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Application Received: \_\_ / \_\_ / \_\_ By: \_\_\_\_\_

Lot Split Application - Approved: \_\_ / \_\_ / \_\_ Denied: \_\_ / \_\_ / \_\_

Signatures (as needed):

Village of Hanover, Zoning Inspector: \_\_\_\_\_

Village of Hanover, P&Z Chairperson: \_\_\_\_\_

Village of Hanover, Mayor: \_\_\_\_\_