

**PRELIMINARY PARCEL DIVISION/TRANSFER INQUIRY FORM**

**TOWN OF YORK**

Please complete this form and bring it and other required documents with you to a meeting of the York Township Plan Commission. (Please call a Plan Commission Member to be put on the agenda.) The Plan Commission meets on the first Tuesday of each month at 7:00 p.m.

**Name of Applicant** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Status of Applicant-Current Landowner **Yes** or **No** (circle one) (If not current landowner, please explain reason for application)

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**Description of land proposed for division/transfer:**

Section \_\_\_\_\_ Parcel Number(s) \_\_\_\_\_

Intended use of land \_\_\_\_\_

**Name of Proposed New Owner** \_\_\_\_\_

Email and/or Phone Number \_\_\_\_\_

**Dwelling Unit Allotment(s):**

Number of Dwelling Units Allotted to Parcel \_\_\_\_\_ Number of Dwelling Units Being Transferred \_\_\_\_\_

Number of remaining Dwelling Unit Allotments \_\_\_\_\_ (#DU Allotted -#DU Transferred)

**PLEASE ATTACH A PLAT MAP OR CSM OF THE PROPOSED DIVISION/TRANSFER WITH ALL INFORMATION AS REQUIRED IN THE Town of York LAND DIVISION ORDINANCE, SECTS. 9 OR 11.**

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form is to be presented to the Town of York Plan Commission for review and approval before it is submitted to the York Town Board.**

**Plan Commission Recommendation:** \_\_\_\_\_

**Plan Commission Chairman Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board Approval** \_\_\_\_\_

**Town Chairman Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note: This form is for administrative use solely by the Town of York. It is recommended that the dwelling unit allocations be recorded on a legal document filed with the Register of Deeds.**