

LOT SPLIT APPLICATION

FEE: \$50.00

NOTE: Three copies of a sketch plat of survey or other type of drawing that will accurately depict the proposed split **MUST BE** attached to this application.

APPLICATION NO.
S T R
RECEIPT NO.

THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY APPLICANT

NAME OF RECORD OWNER	WHAT IS THE PRESENT USE OF THE TRACT?
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LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, WHICH YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK.

	LEGAL DESCRIPTION OF PROPOSED TRACT	STAFF USE ONLY	SOURCE OF WATER SUPPLY FOR THIS TRACT	
FIRST TRACT TO BE CREATED			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	
		TAC REVIEW	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		PC REVIEW	<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	
		INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
			FT. X	FT.
SECOND TRACT TO BE CREATED			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	
		TAC REVIEW	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		PC REVIEW	<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	
		INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
			FT. X	FT.
THIRD TRACT TO BE CREATED			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	
		TAC REVIEW	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		PC REVIEW	<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	
		INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
			FT. X	FT.
FOURTH TRACT TO BE CREATED			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	
		TAC REVIEW	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		PC REVIEW	<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	
		INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
			FT. X	FT.

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?

PRESENT OWNER
 PURCHASER
 ATTORNEY FOR OWNER
 OTHER

If other than present owner, give name, address and phone number of present owner.	NAME	ADDRESS	PHONE
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I certify that this information is true and correct.	NAME	ADDRESS	PHONE
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FOR COMMISSION USE

L. NO.	S. T. R.	SUBDIVISION NAME
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ZONING REQUIREMENT	MAJOR STREET PLAN REQUIREMENT	UTILITY EASEMENT NEEDS	HEALTH DEPT. NEEDS
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ACTION RECOMMENDED TO THE PLANNING COMMISSION	ACTION TAKEN BY THE PLANNING COMMISSION	DATE	CONDITION:
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