



CITY OF GLENPOOL LOT SPLIT PROCEDURE

Any individual or company who wishes to divide or merge platted or unplattd property with the City limits of the Glenpool.

1. The applicant must fully complete the application, including the legal description on the overall tract as well as the legal description of the split tracts.
2. The requested lot dimensions must be in conformance with the zoning on the property. If you are uncertain about the zoning of your property, please contact the Community Development Department at 918-209-4610.
3. The application must be accompanied by a sketch plat, survey or other type of drawing (drawn to scale on 8.5"x 11" or 11"x17" paper) accurately demonstrating the proposed split. Please show all existing buildings on the property along with the dimensions from the proposed property line to the existing building.
4. The filing fee per fee schedule: www.glenpoolonline.com.
5. Following the receipt of the completed lot split application, Staff will research and analyze the request and produce a Staff Report. Additionally, the proposed lot split will be reviewed by the Technical Advisory Committee (TAC). The applicant or the representative for the applicant should make arrangements to attend this meeting. The comments and recommendations of the TAC along with the Staff Report will be forwarded to the Planning Commission for review.
6. The Glenpool Planning Commission will hear the request for lot split per meeting schedule: www.glenpoolonline.com. The applicant or representative of the applicant should make arrangements to attend the Planning Commission meeting. At meeting, the applicant or the representative of the applicant will have a chance to speak, as well as any interested citizens. At the conclusion of the review, the Commission will approve, approve conditionally, or deny the lot split request by majority vote. The action of the Glenpool Planning Commission shall be final.

If you have any questions, or require any further information, please call the Community Development Department at 918-209-4610.

LOT SPLIT APPLICATION

FEE:per fee schedule

NOTE: Two 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?			
LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, WHICH YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK.					
FIRST TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT		STAFF USE ONLY	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	STREET OR STREETS TRACT WILL FACE	
			INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
SECOND TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT		STAFF USE ONLY	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	STREET OR STREETS TRACT WILL FACE	
			INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
THIRD TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT		STAFF USE ONLY	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	STREET OR STREETS TRACT WILL FACE	
			INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
FOURTH TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT		STAFF USE ONLY	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			<input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			<input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER	STREET OR STREETS TRACT WILL FACE	
			INST. RELEASED	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT
AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?					
<input type="checkbox"/> PRESENT OWNER <input type="checkbox"/> PURCHASER <input type="checkbox"/> ATTORNEY FOR OWNER <input type="checkbox"/> OTHER					
If other than present owner, give name, address and phone number of present owner.		PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS		PROPERTY OWNER PHONE
I certify that this information is true and correct.		APPLICANT NAME	APPLICANT ADDRESS		APPLICANT PHONE
Applicant signature and property owner signature required.		APPLICANT SIGNATURE		PROPERTY OWNER SIGNATURE	
FOR COMMISSION USE					
L. NO.	S. T. R.	SUBDIVISION NAME			
ZONING REQUIREMENT	MAJOR STREET PLAN REQUIREMENT		UTILITY EASEMENT NEEDS	HEALTH DEPT. NEEDS	
ACTION RECOMMENDED TO THE PLANNING COMMISSION		ACTION TAKEN BY THE PLANNING COMMISSION		DATE	CONDITION: