

LOT SPLIT APPLICATION

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, THAT YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK _____

Attach 4 Copies of a Drawing that will include all existing and proposed lot lines, all existing buildings and improvements and their distances from lot lines, adjacent street widths, existing access limitations, and north arrow and scale

FIRST TRACT TO BE CREATED	Legal Description of Proposed Tract	Inst. Released	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 of Streets Tract will face	
			Proposed Use of this Tract	Lot Size of Proposed Tract FT
SECOND TRACT TO BE CREATED	Legal Description of Proposed Tract	Inst. Released	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 of Streets Tract will face	
			Proposed Use of this Tract	Lot Size of Proposed Tract FT
THIRD TRACT TO BE CREATED	Legal Description of Proposed Tract	Inst. Released	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 of Streets Tract will face	
			Proposed Use of this Tract	Lot Size of Proposed Tract FT
FOURTH TRACT TO BE CREATED	Legal Description of Proposed Tract	Inst. Released	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 of Streets Tract will face	
			Proposed Use of this Tract	Lot Size of Proposed Tract FT

Are there any private or deed restrictions controlling the size of the lots? YES NO

Does Record Owner consent to this application? YES NO

If Application is other than Owner, indicate interest: _____

I do hereby certify that the information submitted herein is complete, true and accurate:

Signature: _____ Date: _____

Address: _____ Phone: _____

FOR INTERNAL USE ONLY

Received by: _____	PRIOR APPROVAL	PC _____	ACTION _____	
App. Date _____	FOR DISCUSSION "ABUTTING OWNERS"	PC _____	ACTION _____	
FEE _____	FOR WAVIER	TAC _____	PC _____	BOA _____
RECEIPT NO _____		ACTION _____	ACTION _____	ACTION _____
APPLICATION SENT TO: _____	DATE _____	RECEIVED _____	COMMENTS _____	

ATLAS: _____ LOT WIDTH: _____
 ZONING: _____ LOT AREA: _____
 STP: _____ DEDICATION: _____
 CZM: _____

HOLD
 APPLICATION APPROVED SUBJECT TO RELEASES FI
 HEALTH DEPT. _____ R/W
 W & S DEPT. _____ U/E
 PSO _____ BOA _____
 ONG _____ SW