

LOT SPLIT APPLICATION

Applicant Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone No. _____ Email: _____

Applicant is the: **Owner** **Contractor** **Other:** _____

Property Owner's Name (if different from applicant):

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone No. _____ Email: _____

Project Location or Address: _____

Property is: **Residential** **Commercial** **Industrial**

Property zoned: _____

Explanation of Request:

Applicant's
Signature _____

Owner's
Signature _____

Date: _____

Date: _____

TO BE COMPLETED BY CITY OFFICIALS

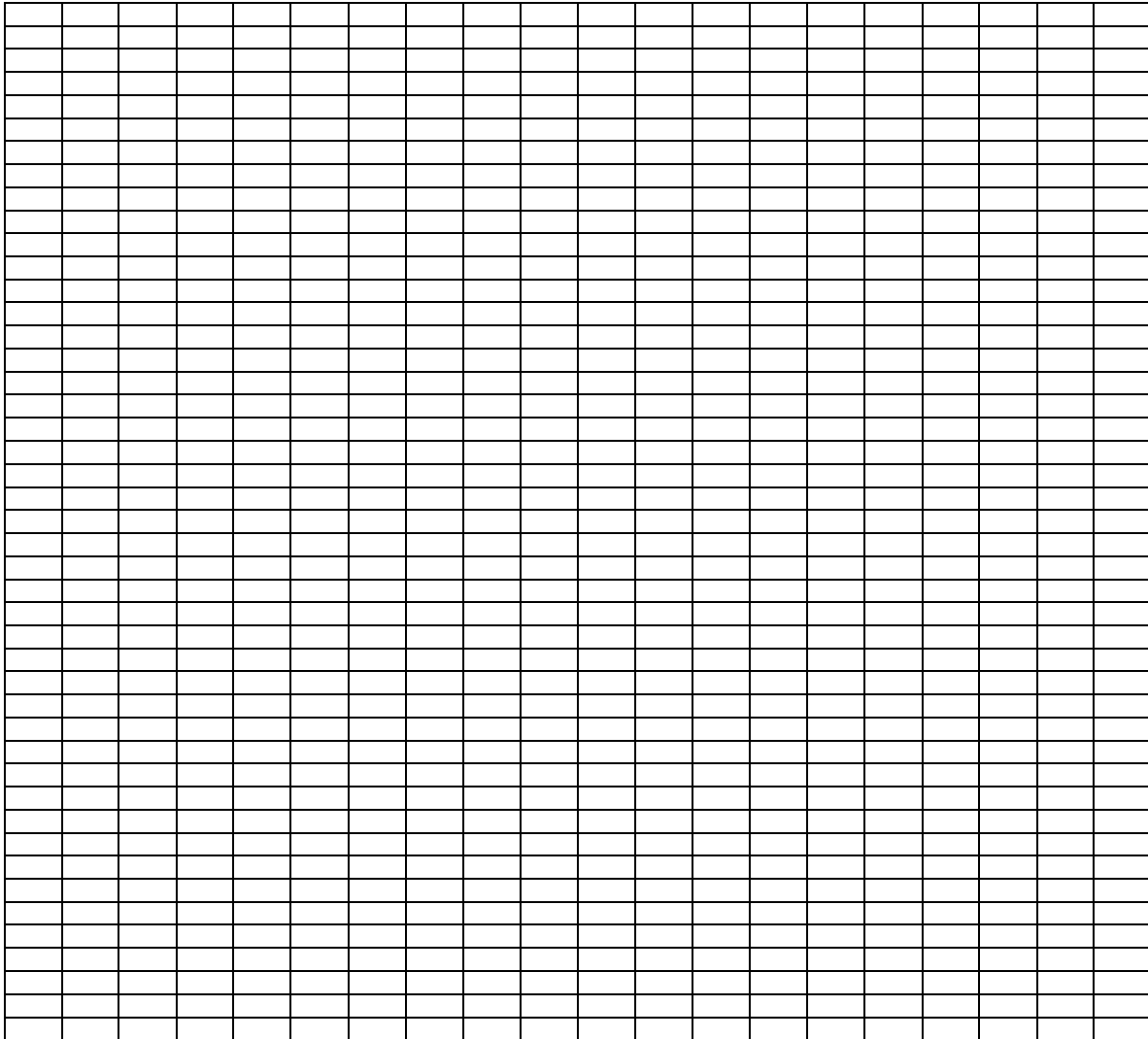
Date application received: _____

Date of Hearing: _____

Date Letters mailed to adjoining property owners: _____

Plot Plan

(Remember to show streets, all structures, easements, fences, gates, pavement, electrical lines & property lines)



Sample of Plot Plan:

