



LAND DIVISION OR LAND COMBINATION APPLICATION

PROPERTY OWNER _____ TELEPHONE _____

PROPERTY ADDRESS _____
(Street) (City) (State) (Zip)

PURPOSE FOR LAND DIVISION OR COMBINATION _____

PARCEL NUMBERS _____

LEGAL DESCRIPTION OF PARCEL NUMBERS _____

SIGNED _____ DATE _____
(Property Owner)

COMMENTS:

DOCUMENTS REQUIRED: _____ Plat of Survey (Fee = \$10 per lot/\$30 minimum)
_____ Certified Survey (Fee = \$10 per lot/\$30 minimum)

DATE RECEIVED _____

FEE COLLECTED _____

DATE APPROVED _____

Zoning Administrator

THE APPLICANT SHALL RECORD A CERTIFIED COPY OF THIS APPROVAL TOGETHER WITH THE SURVEY MAP AT THE OFFICE OF THE REGISTER OF DEEDS AND PROVIDE THE CITY WITH A COPY OF THE RECORDED DOCUMENTS WITH 30 DAYS AFTER APPROVAL.

City Engineer

NO LAND DIVISION SHALL BE EFFECTIVE UNTIL THE RECORDED DOCUMENTS ARE RECEIVED.