

**CITY OF SKIATOOK**

APPLICATION NO \_\_\_\_\_

S. T. R. \_\_\_\_\_

RECEIPT NO \_\_\_\_\_

**LOT SPLIT APPLICATION**

**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.**

**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

---



---

<b>FIRST TRACT TO BE CREATED</b>	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 OR STREETS TRACT WILL FACE
		PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT  FT. X
<b>SECOND TRACT TO BE CREATED</b>	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 OR STREETS TRACT WILL FACE
		PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT  FT. X
<b>THIRD TRACT TO BE CREATED</b>	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 OR STREETS TRACT WILL FACE
		PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT  FT. X
<b>FORTH TRACT TO BE CREATED</b>	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 OR STREETS TRACT WILL FACE
		PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT  FT. X

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY

PRESENT OWNER     
  PURCHASER     
  ATTORNEY FOR OWNER     
  OTHER

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

**FOR COMMISSION USE**

L. NO.	LOCATION CODE 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	CONDITIONS