

**LOT SPLIT  
APPLICATION**

**CITY OF SKIATOOK**

APPLICATION NO.

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

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?
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LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT THAT YOU PROPOSE TO SPLIT AS SHOWN ON THE RECORD OF THE COUNTY CLERK

FIRST TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT [ ] CITY [ ] WELL [ ] OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT [ ] SEWER [ ] SEPTIC [ ] OTHER
			STREET OR STREETS TRACT WILL FACE
			PROPOSED USE OF THIS TRACT
SECOND TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT [ ] CITY [ ] WELL [ ] OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT [ ] SEWER [ ] SEPTIC [ ] OTHER
			STREET OR STREETS TRACT WILL FACE
			PROPOSED USE OF THIS TRACT
THIRD TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT [ ] CITY [ ] WELL [ ] OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT [ ] SEWER [ ] SEPTIC [ ] OTHER
			STREET OR STREETS TRACT WILL FACE
			PROPOSED USE OF THIS TRACT
FOURTH TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT [ ] CITY [ ] WELL [ ] OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT [ ] SEWER [ ] SEPTIC [ ] OTHER
			STREET OR STREETS TRACT WILL FACE
			PROPOSED USE OF THIS TRACT

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY

APPLICATION FEE RECEIVED:

[ ] PRESENT OWNER [ ] PURCHASER [ ] ATTORNEY FOR OWNER [ ] OTHER

[ ] \$125.00

IF OTHER THAN PRESENT OWNER, GIVE NAME, ADDRESS, AND PHONE NUMBER OF PRESENT OWNER	NAME:	ADDRESS:	PHONE NUMBER:
I CERTIFY THAT THIS INFORMATION IS TRUE & CORRECT.	NAME:	ADDRESS:	PHONE NUMBER:

**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