

LOT SPLIT APPLICATION

CITY OF SKIATOOK

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

APPLICATION NO.

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?

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	LOT SIZE OF PROPOSED 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	LOT SIZE OF PROPOSED 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	LOT SIZE OF PROPOSED 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	LOT SIZE OF PROPOSED TRACT	

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY

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

APPLICATION FEE RECEIVED:

[] \$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