

**APPLICATION  
For  
LOT SPLIT / PARCEL SPLIT**

Parcel ID# \_\_\_\_\_ S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Vicinity of Proposal: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

PROPERTY OWNER(S)	APPLICANT (if different than owner)
<b>NAME:</b>	<b>NAME:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>PHONE:</b>
<b>FAX:</b>	<b>FAX:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

SURVEYOR / ENGINEER	CONTACT PERSON
<b>NAME:</b>	<b>NAME:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>PHONE:</b>
<b>FAX:</b>	<b>FAX:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

I/we, the (owner(s)/duly authorized agent), do hereby make application for a Lot/Parcel Split described with this application.

*Owner's Signature (all owners must sign):* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Owner's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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OFFICE USE ONLY	
Application filed: _____	Application approved by: _____
Approval date: _____	
County Surveyor approval date: _____	
<b>Fees:</b>	
Application amount: \$ _____	Receipt # _____
Recording Date: _____	Application # _____