

WAGONER METRO AREA
PLANNING COMMISSION

LOT SPLIT APPLICATION

LOT SP# _____

CITY/COUNTY _____

DATE _____

THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY THE APPLICANT

NAME OF CURRENT RECORD OWNER _____

PRESENT USE OF THE TRACT _____

FULL & COMPLETE LEGAL DESCRIPTION OF UNDIVIDED TRACT PROPOSED TO SPLIT

FULL & COMPLETE LEGAL OF THE 1ST TRACT TO BE CREATED

FULL & COMPLETE LEGAL OF THE 2ND TRACT TO BE CREATED

FULL & COMPLETE LEGAL OF THE 3RD TRACT TO BE CREATED

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?? (CHECK ONE)

PRESENT OWNER _____ PURCHASER _____ ATTORNEY/AGENT FOR OWNER _____

IF OTHER THAN PRESENT OWNER, PLEASE GIVE NAME, ADDRESS & PHONE OF OWNER

NAME _____ ADDRESS _____

PHONE _____

AS OWNER/OTHER, I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT

NAME _____ ADDRESS _____

PHONE _____

FOR COMMISSION USE ONLY

LOT SPLIT # _____ FEE _____ ACCESS TO TRACT CREATED _____

ZONING REQUIREMENTS _____

UTILITY EASEMENT NEEDS _____ BUILDING SETBACK LINE _____

ACTION TAKEN BY PLANNING COMMISSION _____

DATE OF APPLICATION _____

PRESENT A COPY OR SKETCH, PLAT OR SURVEY OR OTHER TYPE OF DRAWING THAT WILL
DEPICT ACCURATELY THE PROPOSED SPLIT.