

Lorraine Cochran-Johnson
Chief Executive Officer

Cedric Hudson
Interim Director

LOT DIVISION, LOT COMBINATION, OR BOUNDARY LINE ADJUSTMENT APPLICATION

Application Fee: \$200.00

All applications must be accompanied by four (4) folded copies of the lot division survey.
(All plans must be folded)

PLEASE PRINT ALL INFORMATION

PROJECT NAME: _____

PROJECT LOCATION: _____ PARCEL I.D. NO: _____

PROPOSED USE: _____

DATE OF SKETCH PLAT CONFERENCE: _____

SITE ACREAGE: _____ # LOTS: _____ # UNITS: _____ SEWER: _____ SEPTIC TANK: _____

PROPERTY OWNER _____ **PHONE** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

AGENT AUTHORIZATION TO RECEIVE ALL NOTIFICATIONS _____

_____ **PHONE** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

DEVELOPER _____ **PHONE** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

SURVEYOR / ENGINEER _____ **PHONE** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

APPLICANT _____ **PHONE** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

DEPARTMENT OF PLANNING & SUSTAINABILITY

CERTIFICATE OF CONFORMITY

I, _____, the engineer / surveyor for the

Subdivision known as _____

located in Land Lot _____ of the _____ District, hereby certify that no lots

platted within the subdivision are non-conforming or will result in any non-conforming lots.

SIGNATURE

NAME (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP CODE
