

SEWARD COUNTY, KANSAS

INSTRUCTIONS

APPLICATION FOR LOT SPLIT APPROVAL

1. The attached application form must be completely filled in before it can be filed. Portions of the form that are not applicable shall be marked N/A. All applications must be signed by the owner.
2. The applicant should review the lot split provisions of the Subdivision Regulations to assure a complete understanding of the requirements.
3. The application shall be accompanied by three (3) copies of the required drawings or survey.
4. The filing fee for lot split approval shall be \$_____.

Section No. _____
Township No. _____
Range _____

Lot Split No. _____
Date Filed _____

APPLICATION FOR LOT SPLIT

Name of Property Owner _____

Address _____ Phone _____

Name of Agent _____

Address _____ Phone _____

Name of Surveyor or Engineer _____

Address _____ Phone _____

LOT SPLIT INFORMATION:

1. General Location _____

2. Legal Description _____

3. Gross Acreage _____

4. Minimum Lot Frontage _____

5. Minimum Lot Area _____

6. Existing Zoning _____

7. Proposed Zoning _____

8. Public Water Supply (Yes, No) _____

9. Public Sanitary Sewer (Yes, No) _____

10. Health Department Approval where applicable (Yes, No) _____

11. Street Right-of-Way Width _____

12. Sidewalks (Yes, No) _____

The owner herein agrees to comply with the Subdivision Regulations for Seward County, as amended, and all other pertinent resolutions of Seward County, and statutes of the State of Kansas. It is agreed that all costs of recording the lot split and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner at the time of filing. The undersigned further states that he is the owner of the property proposed for the lot split.

Owner's Signature _____

Agent (if any) _____

FOR OFFICE USE ONLY:

Received By _____

Date _____

Fee Submitted _____