

LOT SPLIT APPLICATION

1) Owner/ <i>i</i>	Applicant:			
Phone:	()	Email: _		
Address		_		
	Street		City	Zip
Name o	f Agent (If Any):		•	
Phone	()	Fmail		
Address				
Address	: Street		C:L.	7:
o\			City	Zip
	nt interest in property (owner, tenan			
3) Present	use of lot:			
4) Propose	d use of lots after splitting:			
Property	/ location:			
6) Legal de	escription (current):			
, ,				
7) Legal de	escriptions of lots after splitting:			
,				
8) Current	zoning:			·
0) Adiacen	t Land Use and Zoning:			
) Aujacen	Land Use		Zonin	0.00
Nort			ZUIIII	.y
NOIL	h	-		
Sout	th	-		
East	·	-		
Wes	t	_		
10) Will the lot split result in:			YES	NO
	Need for new streets, alleys, or other public			
	Vacation of streets, alleys, setback lines, according		easements?	
C. S	Significant increases in requirements for public	lic services?		
	Substandard street right of way? A tract without direct access to a public stree	n+2		
	Substandard lot size for the zoning district?	. C:		
	Inadequate yard areas and setbacks for exist	tina structures?		
	easement requirements been met?	J		
	lot been split previously?			
	plicant agrees to furnish any addition	al information	on required for revie	ew and
	ing of the application for a lot split.	iai iiiioiiiiati	on required for revie	, vv aria
	pplicant/agent hereby declares that all i	nformation ab	anyo io truo to the boo	st of hig/hor
	that all conditions and standards set out			
•	have been proposed to be met and that			•
	d the appropriate filing fee have been su		iis application, sketch	maps, urawings
or survey and	The appropriate filling fee have been so	ibiliittea.		
Owner/Appli	cant Cignaturo		Date:	
Owner/Applic	cant Signature:		טמוב.	
Authorized A	aont Cianaturo		Data	
Authorized Agent Signature:			Date:	

(Applicant or his legal representative must be present at the hearing, or the matter will be tabled.)

Disclaimer: This permit was reviewed and considered based upon the information presented at the time of the hearing. If any of the information presented for consideration in determining the granting of this permit is incorrect or false, this permit becomes null and void.



FOR OFFICIAL	. USE ONLY			
LOT COLUT ADDD OVED	Date filed: Fee: Paid: Receipt #: Received by:			
LOT SPLIT APPROVED:				
CERTIFICATE OF LOT SPLIT APPROVAL STATE OF KANSAS) ss ELLIS CITY)				
I hereby certify that this lot split has been examined and found to comply with the subdivision regulations of City of Ellis, Kansas, and is therefore approved for recording.				
Date Signed:				
	Planning Commission Chairman			
	Planning Commission Secretary			
LOT SPLIT DENIED:				
Date Signed:				
	Planning Commission Chairman			
	Planning Commission Secretary			
Reason(s) for Denial:				