

**LOT SPLIT
ARKANSAS CITY, KANSAS**

<i>For Office Use Only</i>	
FILE NO:	_____
DATE SUBMITTED:	_____
RECEIPT NUMBER:	_____
DATE OF HEARING:	_____
FILING FEE:	_____

1. Applicant _____

Phone _____ FAX _____ E-Mail _____

Address _____
Street Address City State Zip Code

Name of Applicant's Agent (if any) _____

Phone _____ FAX _____ E-Mail _____

Address _____
Street Address City State Zip Code

2. Applicant's interest in property (owner, tenant, other) _____

3. Present use of lot _____

4. Proposed use of lots after splitting _____

5. Property location _____
(Street Address)

6. Legal description (current) _____

7. Legal descriptions after lot splitting _____

8. Dimensions of each lot _____

9. Current zoning classification _____

10. Adjacent zoning and land use

	LAND USE	ZONING
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

11. Will the lot split result in:
- | | YES | NO |
|--|-------|-------|
| A. Need for new streets, alleys, or other public improvements. | _____ | _____ |
| B. Vacation of streets, alleys, setback lines, access control, or easements. | _____ | _____ |
| C. Significant increases in requirements for public services. | _____ | _____ |
| D. Substandard street right-of-way. | _____ | _____ |
| E. A tract without direct access to a public street. | _____ | _____ |
| F. Substandard lot size for the zoning district | _____ | _____ |
| G. Inadequate yard areas and setbacks for existing structures. | _____ | _____ |
12. Have all public easement requirements been satisfied? _____
13. Has the lot been previously split? _____

14. Surveyor's name: _____

Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Phone _____ FAX _____ E-Mail _____

APPLICANT

AUTHORIZED AGENT

Signature

Signature

Date

Date

FOR OFFICIAL USE ONLY

Case No. _____
Fee Paid: _____
Received by: _____

LOT SPLIT APPROVED:

CERTIFICATE OF LOT SPLIT APPROVAL

I hereby certify that the lot split of:

Is approved as provided for in Article 11 of the Subdivision Regulations of the City of Arkansas City.

Date Signed: _____

Josh White
Zoning Administrator

STATE OF KANSAS)
)ss:
COWLEY COUNTY)

On this ____ day of _____, 20__, before me a notary public in and for said county and state, personally appeared Josh White, Zoning Administrator of the City of Arkansas City, to me known to be the person named in and who executed the foregoing instrument, and duly acknowledged the execution thereof.

Notary Public

My commission expires: _____

LOT SPLIT DENIED:

Lot split denied: _____
Date

BY: _____

Reason for denial: _____
