

# LOT DIVISION REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

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**PARCEL NUMBER(s)** \_\_\_\_\_

Existing legal description of property to be divided: (Use reverse or attach extra sheet if needed)

Legal description of lots to be created: (A Certificate of Survey showing existing and proposed parcels must accompany this request)

What will happen to the remaining property?

Signature \_\_\_\_\_

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### ***For Office Use Only***

1. Are there current special assessments or other charges against the parcel? \_\_\_\_\_  
If yes, show amount \$ \_\_\_\_\_  
Will assessments be paid? \_\_\_\_\_  
(If not, Lot Division request **MUST** be considered at the next regular City Council meeting)  
Date of Meeting: \_\_\_\_\_  
Property Owner Must Provide Proposal for Reapportioning all Outstanding Assessments.
2. Conforms to Land Use Requirements. Yes \_\_\_ No \_\_\_ (Reviewed by \_\_\_)  
Comments: \_\_\_\_\_
3. Potential for Impact on Public Facilities. Yes \_\_\_ No \_\_\_ (Reviewed by \_\_\_)  
Comments: \_\_\_\_\_
4. Will change affect parcel number(s)? Yes \_\_\_ No \_\_\_ (Reviewed by \_\_\_)  
Comments: \_\_\_\_\_