

LOT SPLIT APPLICATION

Please Return Request to:

City Planning & Zoning Coordinator
220 E. 1st Street, P.O. box 792
El Dorado, Kansas 67042
(316)-321-9100

For Office Use Only

Lot Split Application No. _____
Date: _____
Fee: _____
Date Approved or Denied: _____

Attachment Required:

- Four (4) copies of scale drawing;
- Legal description of lots to be created;
- The location of any structure(s) on the lot or lots thereon, together with the precise nature, location and dimensions;
- Name, signature, and seal of the licensed engineer or registered land surveyor who prepared the drawing.

APPLICANT

OWNER

Name

Name

Address

Address

Area Code Telephone Number

Area Code Telephone Number

REQUEST

As provided in Article _____ of the Subdivision Regulations, City of El Dorado, Kansas, a lot split of Lot _____, Block _____, in the _____ Addition to the City of El Dorado is hereby requested. The lot is generally described as:

LOT SPLIT REQUIREMENTS

The lot split is sought to provide for the issuance of building permits in lots divided into not more than two (2) tracts without having to replat said lot.

The lot split application meets the following requirements:

YES NO

- (a) No new street or alley or other public improvements is needed or proposed.
- (b) No vacation of streets, alleys, setback lines, access control or easements is required or proposed.
- (c) The lot split will not result in significant increases in service requirements (e.g., utilities, schools, traffic control, streets, etc.); or will not interfere with maintaining existing service level (e.g., additional curb cuts, repaving, etc.).
- (d) There is street right-of-way as required by these regulations or the Comprehensive Plan.
- (e) All easement requirements have been satisfied.
- (f) The split will not result in a tract without direct access to a public street.
- (g) No substandard-sized lot or parcel will be created.
- (h) The lot has not been previously split in accordance with these regulations.

APPLICANT'S SIGNATURE:

OWNER'S SIGNATURE:

Date: _____

Date: _____

STAFF ACTION

Date application was submitted to Staff for review:

Action of the Staff: _____