



LOT SPLIT APPLICATION **Date Received:** _____

Applicant(s)		Phone Number
Email Address <i>Required</i>		
Address		Daytime
<i>Interest in Properties (Check One)</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Represent Owner <input type="checkbox"/> Option to Buy <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____	
Complete address or location of lot split:	400- _____ - _____ - _____ - _____	Current Zoning District
	Owner: _____ Address: _____	Phone Number
Existing Legal Description(s):	<i>Indicate attached if needed.</i>	
Proposed Legal Description(s):	<i>Indicate attached if needed.</i>	Number of lots to split from _____ to _____

Proposed Development of Split Lots:	
Comparison of split lots with adjacent sizes and benefit to area if different in size:	
Application must include a site plan as follows:	<input type="checkbox"/> Drawn to scale of 1" = 100' <input type="checkbox"/> Existing & Proposed Lot Split <input type="checkbox"/> Existing structures on existing lot AND proposed split lots <input type="checkbox"/> All existing and proposed roads, easements, or other access points

I stipulate and understand the joining of lots, if approved by the City of Grand Ledge does not guarantee I may proceed with the proposed use of the property. I understand there may be plat restrictions or private restrictions contained in the deeds which may or may not be recorded with the Eaton County Register of Deeds, additionally I understand the City of Grand Ledge does not have any power or authority over these restrictions. I certify the statements made and the information provided in this fence permit application are true, accurate and complete.

Applicant Signature: _____ **Date:** _____

For Office Use Only -----	Required Reviews	Approve / Deny	Initials
Fee Paid: _____	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> <input type="checkbox"/>	_____