



LOT SPLIT APPLICATION

| | | |
|--|--|--|
| Applicant(s) | | Phone Number |
| 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"/> | _____ |
| Date Received: _____ | <input type="checkbox"/> City Assessor | <input type="checkbox"/> <input type="checkbox"/> | _____ |
| | <input type="checkbox"/> Building Official | <input type="checkbox"/> <input type="checkbox"/> | _____ |