



PLANNING AND ZONING DEPARTMENT  
 522 Mechanic Street  
 Emporia, KS 66801  
 Phone: 620-343-4268  
 Fax: 620-343-4262

## Lot Split Application

Date Submitted \_\_\_\_\_

**\* Attach an ownership list, certified by a registered abstractor, listing the legal description, name, and mailing addresses of the owners of all property located within 200 feet of the boundaries of the property for which the rezoning is requested (1000 feet for county applications)**

**\*If there are no structures on either lot, submit four (4) copies of drawings to scale of lots. If there are structures on the tract, submit four (4) copies of a survey of lots.**

All Lot Split shall conform to Section 11 of the Subdivision Regulation, Guidelines are outlined in Section 11-3.

***(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED***

	Name	Address	Phone
Applicant			
Owner			

Approximate location or Address of both lots: \_\_\_\_\_

**Please Provide the Following for the Surveyor:**

Legal Description of the Original Tract: \_\_\_\_\_

Legal Description of New Tract: \_\_\_\_\_

Legal Description of Remaining Tract: \_\_\_\_\_

List any non-conformities that exist on this property: \_\_\_\_\_

By signing this application, I certify that all of the information I have provided is true and correct. I understand that additional information may be needed, or additional fees may be incurred during the rezoning application process. I understand and agree that it will be my responsibility to provide any additional information requested and to pay any additional fees incurred.

Owners Signature

Date

FOR OFFICE USE ONLY		
Fee	Date Paid	Receipt no.
\$100		

Application No. \_\_\_\_\_