

LOT SPLIT APPLICATION

Receipt #:							Date Sul	bmitted:		
	Applicant: Phone Number: Owner Buyer Other Email: Mailing Address: Street									
	Street									
			(City			State		Zip Code	
		Is there a	dog on the property	<i>!</i> ? □	Yes 🗌 No					
	Parcel Info	rmation:								
	Lot Split	Location:								
To Be Filled Out By	Township:			Total Acreage:					(before the sp	lits)
Applicant		Acreage Per Lot(s):		Combining to Another Lot?			Lot Split Number:			,
	Lot 1:				fice	_				
	Lot 2:				Office Use	_				
	Lot 3:				Only	_				
	Lot 4:				~	_				
	*All newly created lots under 5 acres will be required to have a soil evaluation conducted by a soil scien *All newly created lots that are 5 acres or larger, will not be required to have a soil evaluation conducted soil scientist, unless a building location has been determined on the new lot. *All proposed lot splits must equal the total acreage prior to the splits occuring.									
	Copy Surv	eyor's Drawing:					Yes		No	
	Lot(s) Pinr	ned and Flagged:					Yes		No	
	Soil Evalu	ation Completed:					Yes		No	
	Part of th	e parcel in a Flood H	lazard Zone:				Yes		No	
	A	pplicant Signature:						Date:		
	Comments:									
LCHD Office										
Use Only		APPROVE	D	DISAPPROV	ED		EXEMPT			
	Sanitarian Signature:							Date:		

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