

City of Collinsville

P.O. Box 730 ■ Collinsville OK 74021 ■ (918) 371-1010 ■ Fax (918) 371-1019

www.cityofcollinsville.com

LOT SPLIT APPLICATION

APPLICATION INFORMATION

Application Date: _____ Received By: _____ Lot Split Number: _____

Lot Split TAC: _____ Lot Split to PC: _____

() City Referral Cities: _____

Board of Adjustment Reference Case: _____ BOA Hearing Date if Pending: _____

SUBJECT PROPERTY INFORMATION

Address or Descriptive Location: _____

Legal Description of Undivided Tract: _____

Present Use: _____ Present Zoning: _____ T-R-S: _____ Water Supply: _____

Sanitary Sewer: _____ Electric: _____ MSHP Designation: _____

INFORMATION ABOUT YOUR LOT SPLIT PROPOSAL

Tract 1 Legal:	Tract 2 Legal:
Street Frontage:	Street Frontage:
Avg Lot Width:	Avg Lot Width:
Proposed Use:	Proposed Use:
Inst. Released:	Inst. Released:
Tract 3 Legal:	Tract 4 Legal:
Street Frontage:	Street Frontage:
Avg Lot Width:	Avg Lot Width:
Proposed Use:	Proposed Use:
Inst. Released:	Inst. Released:

APPLICANT INFORMATION

PROPERTY OWNER INFORMATION

Name:	Name:
Address:	Address:
City, St, Zip:	City, St, Zip:
Phone:	Phone:
Email:	Email:
Fax:	Fax:

I, The undersigned applicant, certify that the information on this application is True and Correct.

Signature & Date:

Does owner consent to this application () Y () N. What is applicant's relationship to owner? _____

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Application Fees

Fee: _____ Receipt Number: _____

Disposition

TAC Recommendation: _____ PC Action: _____ Date/Vote: _____

Conditions:
