

LOT-SPLIT APPLICATION

Sand Springs Planning Commission
100 East Broadway, PO Box 338, Sand Springs, Oklahoma 74063
(918) 246-2500 ext. 2575

CASE NO. _____

S-T-R _____

PC _____

THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY APPLICANT

NAME OF RECORD OWNER	ADDRESS OF PROPERTY BEING SPLIT	WHAT IS THE PRESENT USE OF THE TRACT?
LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, THAT YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORDS OF THE COUNTY CLERK		

LEGAL DESCRIPTION OF PROPOSED TRACT #1	SOURCE OF WATER SUPPLY FOR THIS TRACT <input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER _____		S T A F F S I D E W A L K S
	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT <input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC: PERC. TEST # _____		
	STREET OR STREETS TRACT WILL FACE		PROPOSED USE OF THIS TRACT
	AVERAGE LOT WIDTH	AVERAGE LOT DEPTH	TOTAL SQUARE FEET

LEGAL DESCRIPTION OF PROPOSED TRACT #2	SOURCE OF WATER SUPPLY FOR THIS TRACT <input type="checkbox"/> CITY <input type="checkbox"/> WELL <input type="checkbox"/> OTHER _____		S T A F F S I D E W A L K S
	TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT <input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC: PERC. TEST # _____		
	STREET OR STREETS TRACT WILL FACE		PROPOSED USE OF THIS TRACT
	AVERAGE LOT WIDTH	AVERAGE LOT DEPTH	TOTAL SQUARE FEET

PRINT
APPLICANT NAME: _____ ADDRESS: _____
IF APPLICANT IS OTHER THAN OWNER, INDICATE INTEREST: _____ CITY: _____ STATE: _____ ZIP: _____
DOES RECORD OWNER CONSENT TO THIS APPLICATION? _____ YES _____ NO PHONE: _____
EMAIL _____
I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT: _____
Signature _____ Date _____

FOR STAFF USE

OTHER DEPARTMENTS FOR REVIEW / REQUIREMENTS AND APPROVALS

Public Works Dept: Sent _____ PC Action _____ Date _____

Any waivers or BOA action ? _____

ZONING	PC Date	DATE RECEIVED	FEE	RECEIPT #	SUBDIVISION
			\$100.00		

Written Comments :