

Return Application to: Zoning Administrator 201 West 4th Street Pittsburg, KS 66762

Date Filed:

Filing Fee:

LOT SPLIT APPLICATION					
		Owner's	Information:		
Name:			Phone Number:		
Address:				_	
	State:				
Applicant's Information (If different from Owner)					
Name:		Phone Number:			
Address:					
City:	State:	Zip:	Email:		
Surveyor's Information:					
Name:			Phone Number:		
Address:					
City:	State:	Zip:	Email:		
Property Information					
Street Address OR Legal Description:					
Present Lot Size:	Proposed Lot Sizes:				
Presently Zoned:					
Office Use Only Please Do Not Write Below This Line					
Date Received:	Date Reviewed:				
Approved Denied					
Reasons for Denial/Conditions of Approval					