

**VILLAGE OF MOUNT GILEAD
APPLICATION FOR A LOT SPLIT**

The undersigned hereby requests the Village of Mount Gilead Zoning Inspector grant a lot split.

1. Name of Applicant (owner) _____ Phone _____

2. Address of Applicant _____

3. Location of site where Lot Split is requested:
Lot number _____

Street address _____

4. State reasons for the request: _____

5. State the impact this request may have on the neighborhood around the site if granted.

6. (a) All lot splits will be submitted in an adequate time frame for review (10 days minimum).
(b) All lot splits must include a copy of the original land plot and a copy of the new surveyed plot.
(c) The land splits must **comply with zoning regulations** or it will be sent to planning commission for review.
(d) The execution of a land split prior to submission will not prevent its denial if not in conformance.

7. The application shall be accompanied by a check or money order payable to the Clerk of the Village of Mount Gilead, or a cash payment in the amount of one hundred (\$100) dollars.

Signature of applicant: _____

Date submitted: _____

PLEASE ATTACH ANY PLANS OR DOCUMENTS RELATED TO THIS REQUEST. -

DISPOSITION OF REQUEST

The above request for a lot split has been:

Approved _____ (Must be recorded with in 1 year) Rejected _____

If approved, list any stipulations: _____

If rejected, state reason(s): _____

Building and Zoning Inspector:

Date: _____

Village Administrator _____