



FOR OFFICE USE ONLY

File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Town of Hilliard Lot Split/Reconfiguration Application

(Applicable for creating no more than 2 lots from 1 lot)

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s): _____
4. Existing Use of Property: _____
5. Zoning Designation: _____
6. Future Land Use Map Designation: _____
7. Acreage of Parcel: _____

B. Owner

1. Name of Owner(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (____) _____ FAX: (____) _____ E-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ATTACHMENTS (One copy plus one copy in PDF format)

1. Legal description with tax parcel number.
2. Survey of Existing Property, including all structures and driveways
3. Survey of Proposed Lot Split
4. Warranty Deed or other proof of ownership.

5. Fee - \$100

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the application.

A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20__, by _____

_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____