City of Gaylord
Simple Lot Split Application

Permit #_____

Permit Fee: $175.00

Name(s) of Property Owner initiating the Lot Split: _____

Address of Property Owner initiating the Lot Split: _____

Name(s) of Property Owner where lot split will occur (if different): _____

Address of Property Owner where lot split will occur (if different): _____

Parcel Identification Number of the lot that is to be split: _____

Parcel Identification Number of the new lot that is being split: _____

Zoning District where the lot split is occurring in: _____

Legal Description(s) of Old and New Split(s). If lengthy descriptions, please attach :

_____

_____

_____

_____

Section: _____ Township_____ Range: _____

Supporting Documentation: Certificate of Survey: _____ Sketch: _____

As the applicant(s) initiating the lot split I/we agree that:

- The parcel is part of a recorded plat;
- Any existing structure meets the setback requirements of the Zoning Ordinance;
- The newly created parcels meet the land area and lot width requirements of the Zoning Code;
- Each parcel has frontage on and access to a public street;
- No street dedication nor utility easement is necessary; and
- Each parcel is serviced with separate and independent utilities.

_____ _____

Signature of applicant(s) Date

_____ _____

Signature of applicant(s) Date

Date application was received: _____ Received by:_____Fee paid: Y/N ____CR#_____

THE HUB OF SIBLEY COUNTY
GAYLORD

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Approved or Denied: _____ Reason for denial: _____

Zoning Administrator signature: _____ Date: _____

City Engineers signature: _____ Date: _____

The Zoning Administrator will require a Certificate of Survey showing the proposed lots to be created.