



Lot Split Application/Permit

Russell County Zoning
401 N. Main, P.O. Box 113
Russell, KS 67665
(785) 483-6650

This form must be completed by the applicant and returned to the office of the Zoning Administrator.

An incomplete application cannot be accepted.

Applicant/Owner _____

Address _____ Phone: () _____

Agent, if any _____ Phone: () _____

Address _____

1. Applicant's interest in property (owner, tenant, other) _____

2. Present use of lot _____

3. Proposed use of lots after splitting _____

4. The property is located at (site address) _____

5. Legal description of property (current) _____

6. Legal description of lots after splitting _____

(continue on separate sheet if necessary)

7. Current zoning _____

8. Surrounding land use and zoning:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

9. Will the lot split result in:

	<u>Yes</u>	<u>No</u>
A. Need for new streets, alleys or other public improvements	_____	_____
B. Vacation of streets, alleys, setback lines, access control, or easements	_____	_____
C. Significant increases in requirements for public services	_____	_____
D. Substandard street right-of-way	_____	_____
E. A tract without direct access to a public street	_____	_____
F. Substandard lot size for the zoning district	_____	_____
G. Inadequate yard areas and setbacks for existing structures	_____	_____
10. Have all easement requirements been satisfied?	_____	_____
11. Has the lot been previously split?	_____	_____
12. Additional comments _____		

13. Please attach an ownership list of names, addresses and zip codes of the owners of all property located within 1,000 feet of the exterior boundaries of the property to be considered in this application. (or within 200 feet if this property is adjacent to an incorporated city).

I (We), the applicant(s), hereby declare that all information submitted is true to the best of his/her knowledge and that all information required for this request has been included. Applicant agrees to furnish any additional information required for review and processing of this application. **This application, if approved, serves as your permit for a lot split.**

_____	_____	_____	_____
Applicant (Owner)	Date	Authorized Agent (if any)	Date

_____	_____	_____	_____
Applicant (Owner)	Date	Authorized Agent (if any)	Date

Owner or authorized agent must be present for any action taken by the Russell County Planning Commission

For Office Use Only:

Date Filed _____
Fee Paid _____
Received By _____

Lot Split Approved:

CERTIFICATE OF LOT SPLIT APPROVAL

STATE OF KANSAS)
) ss
COUNTY OF RUSSELL)

I hereby certify that this lot split has been examined and found to comply with the Subdivision Regulations of Russell County, Kansas, and is, therefore, approved for recording.

Date Signed: _____

Planning Commission Chairman

Planning Commission Secretary

This permit becomes null and void 90 days after date of issuance unless the type of activity covered by this zoning permit has commenced.

Lot Split Denied:

Lot split denied _____ (Date)

Planning Commission Chairman

Planning Commission Secretary

Reason for denial _____

