

Village of New Haven

Lot Split/Combination # _____

Date Received _____

APPLICATION FOR LOT SPLIT OR LAND COMBINATION

Applications must satisfy all of the applicable requirements of the Village of New Haven Land Division/Combination Ordinance. The applicant is required to attend all meetings at which the proposed lot division or combination is discussed.

Please indicate if you are requesting a Land **Division** or Land **Combination** _____

REQUIRED SUBMISSIONS:

- Legal document (s) showing ownership of all properties to be divided or combined.
- Ten (10) copies of the drawings and legal description of the tract from which the division or combination is to be made and the surveys and legal description of the proposed parcels.

APPLICANT'S NAME _____

Address _____ City _____

Zip Code _____ Phone _____ Email _____

OWNER'S NAME (if different from applicant) _____

Address _____ City _____

Zip Code _____ Phone _____ Email _____

Location of Property (s), including nearest intersection _____

If applying for a Land Combination, please include information on all parcels being **combined**

Section No. _____ Lot No. _____ Property Tac Parcel No. _____

Width _____ Length _____ Existing Zoning _____ Area of Subject Parcel Gross / Net Area _____ / _____

Section No. _____ Lot No. _____ Property Tac Parcel No. _____

Width _____ Length _____ Existing Zoning _____ Area of Subject Parcel Gross / Net Area _____ / _____

Legal Description _____

Has the subject parcel been involved with another approved lot split since March 31, 1997, the date of the adoption of the Land Division Act? _____

Authorization of Land Owner (s)

All person having interest in the Subject property (s) must sign to authorize filing of application.

1. _____

Name (print)	Address	Type of Interest	Signature
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2. _____

Name (print)	Address	Type of Interest	Signature
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Certification

I certify that all statements, signatures, descriptions, plans and exhibits submitted with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act of behalf of the signatures of the above-authorization.

Applicant Signature: _____ Date _____