



Application No. _____
Fee: \$150.00
Date Fee Paid: _____

**CITY OF LEAVENWORTH
CERTIFICATE OF SURVEY – LOT COMBINATION APPLICATION**

LOCATION OF LOT COMBINATION: _____

LEGAL DESCRIPTION: *(Must attach full legal description for both parcels included in the application)* _____

PARCEL NOS: _____ **ZONING OF SUBJECT PROPERTY:** _____

NAME OF PROPERTY OWNER: (If Corporation, include name and address of Director or President)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

NAME OF ENGINEER OR SURVEYOR PREPARING CERTIFICATE OF SURVEY: _____

COMPANY: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

NOTE: CERTIFICATE OF SURVEY IS REQUIRED WITH THE APPLICATION.

SIGNATURE OF OWNER(s): _____

DATE: _____

State of _____)

County of _____)



Signed and attested before me on _____, 20__ by _____.

Notary Public _____ My appointment expires _____

Note: All signatures must be in black or blue ink. Signature of owner(s) must be secured and notarized.

FOR STAFF USE ONLY

Copy to County Surveyor for Review (date sent): _____

County Surveyor Approval Date: _____

Approved copy sent to Register of Deeds Office (date sent): _____

Action Taken:

Approved

Denied

City Staff Reviewer/Approver: _____

Date: _____