



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

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

LOCATION OF LOT SPLIT: _____

LEGAL DESCRIPTION: _____ *(Must include full legal description for each resulting parcel)*

PARCEL NO: _____ **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 _____)

SEAL

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		
<input type="checkbox"/>	Copy to County Surveyor for Review (date sent): _____	
<input type="checkbox"/>	County Surveyor Approval Date: _____	
<input type="checkbox"/>	Approved copy sent to Register of Deeds Office (date sent): _____	
Action Taken:		<input type="checkbox"/> Approved
		<input type="checkbox"/> Denied
City Staff Reviewer/Approver:		Date: