

**LOT SPLIT APPLICATION AND LOT COMBINATION APPLICATION**

**CITY OF JENKS**

APPLICATION NO.
RECEIPT NO.

NOTE: Three (3) copies of a sketch, plat of survey, or other type of drawing that will accurately depict the proposed split MUST BE attached to this application.

**THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY APPLICANT**

NAME OF RECORD OWNER	WHAT IS THE PRESENT USE OF THE TRACT?
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LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, THAT YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK.

<b>FIRST TRACT TO BE CREATED</b>	LEGAL DESCRIPTION OF PROPOSED TRACT	SOURCE OF WATER SUPPLY FOR THIS TRACT	
		<input type="checkbox"/> CITY	<input type="checkbox"/> WELL <input type="checkbox"/> OTHER
		TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		<input type="checkbox"/> SEWER	<input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER
	STREET OR STREETS TRACT WILL FACE		
	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT	
		FT. X	FT.

<b>SECOND TRACT TO BE CREATED</b>	LEGAL DESCRIPTION OF PROPOSED TRACT	SOURCE OF WATER SUPPLY FOR THIS TRACT	
		<input type="checkbox"/> CITY	<input type="checkbox"/> WELL <input type="checkbox"/> OTHER
		TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		<input type="checkbox"/> SEWER	<input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER
	STREET OR STREETS TRACT WILL FACE		
	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT	
		FT. X	FT.

<b>THIRD TRACT TO BE CREATED</b>	LEGAL DESCRIPTION OF PROPOSED TRACT	SOURCE OF WATER SUPPLY FOR THIS TRACT	
		<input type="checkbox"/> CITY	<input type="checkbox"/> WELL <input type="checkbox"/> OTHER
		TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
		<input type="checkbox"/> SEWER	<input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER
	STREET OR STREETS TRACT WILL FACE		
	PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT	
		FT. X	FT.

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?

PRESENT OWNER       PURCHASER       ATTORNEY FOR OWNER       OTHER

If other than present owner, give name, address and phone number of present owner.	NAME	ADDRESS	PHONE NO.
	I certify that this information is true and correct.	SIGNATURE OF APPLICANT	ADDRESS
			PHONE NO.

**FOR COMMISSION USE**

PLANNING COMMISSION DATE	CITY COUNCIL DATE
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CONDITIONS: