


# APPLICATION FOR LOT SPLIT

Augusta City Hall  
 113 East 6<sup>th</sup> Avenue  
 P.O. Box 489  
 Augusta, Kansas 67010

 (316) 775-4505  
 (316) 775-4566  
 [www.augustaks.org](http://www.augustaks.org)  
 [ssmith@augustagov.org](mailto:ssmith@augustagov.org)

FOR PROPERTY LOCATED WITHIN THE JURISDICTION OF THE CITY OF AUGUSTA, KANSAS

This application must be completed in its entirety and submitted to Susan Smith, Administrative Assistant in the Community Development Office. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**SELECT ONE**

City Limits

Growth Area

<b>NAME OF PROPERTY OWNER:</b>							
Address:		City:		State:	KS	Zip:	
Phone:		E-Mail:					

<b>NAME OF ENGINEER / SURVEYOR:</b>							
Address:		City:		State:	KS	Zip:	
Phone:		E-Mail:					

<b>PROPERTY INFORMATION:</b>							
Address:		City:		State:	KS	Zip:	
Lot(s):		Block:		Subdivision:			
Pre-Split Lot Size:		Square Feet		Acres			
Pre-Split Zoning:							
Post-Split Lot Size:	Lot 1:		Square Feet		Acres		
	Lot 2:		Square Feet		Acres		
Post-Split Zoning:							
Existing Facilities (Indicate Yes or No)							
Paved Streets							
Sidewalks							
Sanitary Sewer							
Public Water Supply							

The applicant HEREBY CERTIFIES that they are the owner of the property for which this lot split application has been filed. The applicant further ACKNOWLEDGES that a Certificate of Occupancy cannot be issued for a building until all applicable zoning/subdivision regulations and building/trade codes have been reviewed and approved by the Zoning Administrator.

\_\_\_\_\_  
Owner Signature & Date

**OFFICE USE ONLY**

<i>Zoning District Reclassification Required</i>		<i>Zoning/Subdivision Regulations Met</i>	
<i>Date Received</i>		<i>Received By</i>	<i>Filing Fee</i> \$250

*Additional Comments or Information:*