



## PARENT PARCEL LOT SPLIT EXCEPTION FORM

(Section 407.73 of ULDC)

### GENERAL INFORMATION ( BY APPLICANT )

(If Applicant is different from the owner, attach a letter of authorization – see Section 402.06 of ULDC)      Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Parent Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Grant: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_

Acreage of Proposed New Parcel: \_\_\_\_\_ Acreage of Proposed Residual Parcel: \_\_\_\_\_

**Type of exception required (check one):**

- Parent parcel fronts public road and lot or lots will have less than 250 feet of frontage and requests common Driveway
- Parent parcel fronts public road but proposes alternate access via easement road
- Parent parcel has no public road frontage and requests access via private road, easement road, road by use and/or common driveway

Check below to indicate submittal of required documentation:

**Applicant      Codes Specialist**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Map showing proposed parcel split  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof that parent parcel is a legal lot of record as defined in the ULDC |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Right-of-Way Connection Permit application                     |

Growth Management Staff Comments:

\_\_\_\_\_

\_\_\_\_\_

I have completed this checklist accurately and acknowledge that if omissions or errors are found by Growth Management staff they will cause delays in the processing of my application and may result in additional fees.

**Application Processing Fee: \$70 – payment due with application submittal**

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR BUILDING DIVISION USE ONLY

APPROVED: Yes  No  Date Received: \_\_\_\_\_ GM Zoning Fee: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Building Specialist Initials: \_\_\_\_\_

Director of Growth Management or Designee: \_\_\_\_\_ Date: \_\_\_\_\_