



Application # _____

Application for Lot Split

85 Commerce Street, Lockbourne, Ohio 43137 • Phone: (614) 491-3161 • www.lockbourneohio.us

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

PROPERTY INFORMATION

PROPERTY LOCATION _____

PARCEL ID NUMBER _____ ACREAGE AFFECTED BY THIS APPLICATION _____

EXISTING ZONING _____ EXISTING LAND USE _____

PROPOSED ZONING _____ PROPOSED LAND USE _____

PROPERTY OWNER INFORMATION

PROPERTY OWNER OF RECORD _____

Address _____

City, State, Zip _____

Phone _____ Email _____

APPLICANT INFORMATION

Name _____ Title _____

Company / Organization _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Note: The applicant is the person(s) or entity seeking approval of this application. The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The Village does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.



Process for Lot Split Permit

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL

I _____, the current property owner hereby authorize the applicant _____ to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative. Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize Village representatives to enter, photograph and post notices on the property described in this application.

Signature of Current Property Owner: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT

I _____, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: _____ Date: _____

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Official Seal and Signature of Notary Public

PLEASE NOTE: Incomplete information will result in the rejection of this application
Please make checks payable to the Village of Lockbourne



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Lot Split Submittal Requirements

- One signed and notarized application
- Appropriate fee (\$150) – Please note that either cash or checks
- A project narrative describing the nature of the project
- A survey drawing of the property and proposed split
- Franklin County Auditors tax map

NOTE: One (1) paper copy (8 1/2 x 11) of all final materials being presented to the Lockbourne Planning Commission will be required, as well as one 24 x 36 copy of all plan sheets, if applicable.

The undersigned applies for a lot split permit for the above use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments are true and correct.

SIGNATURE _____

Process for Lot Split Permit

1. Obtain permit application (pay \$150.00 application fee)
2. Complete all phases of application (must be submitted within two (2) weeks of Planning Commission Meeting)
3. Village Administrator to send adjacent property owners a letter informing them of lot split intent. The adjacent property owners have until next Planning Commission meeting to respond.
4. Present to Planning Commission Meeting (2nd Thursday of month @ 6:30 pm at Lockbourne Municipal Building, 85 Commerce Street, Lockbourne)
5. If approved, obtain final approval from Franklin County (150 South Front Street, FSL Suite 10, Columbus, Ohio 43215-6314, Tel: 614-525-3095 Fax: 614-525-7155 www.FranklinCountyOhio.gov)

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OFFICE USE ONLY

Date received _____

Fee paid _____ Method of payment _____

Date notice sent to adjacent property owners _____

Responses from adjacent property owners _____

Date of action on application _____ Approved _____ Denied _____

If application denied, reason for denial _____

Signature: _____