

City of Farmington, Arkansas

Lot Split/Lot Combination/ Lot Line Adjustment



Application:

Indicate one contact person for this request: _____ Applicant _____ Representative

Applicant (person making request):

Representative (engineer, surveyor, realtor, etc):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

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Fax: () _____

Fax: () _____

Site Address/Location: _____

Current Zoning District: _____

Assessor's Parcel Number(s) for subject property: _____

Size of Parent Tract (in acres): _____

Resulting tracts (in acres): _____

Proof that the property has not been split in the past 10 years (dates and brief description): _____

Proof that the property has access to water and sewer: (In lieu of these signatures copies of approvals may be submitted).

Approved for water: _____
City of Fayetteville/Washington Water Authority

Approved for sewer: _____
City of Fayetteville

Approved for septic: _____
Washington County Health Department

APPLICANT/REPRESENTATIVE: I certify under penalty of perjury that the foregoing statements and answers herein made all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approval. I understand that the City might not approve what I am applying for, or might set conditions on approval.

Name (printed): _____ Date: _____

Signature: _____

PROPERTY OWNER(S)/AUTHORIZED AGENT: I/we certify under penalty of perjury that I am/we are the owner(s) of the property that is the subject of this application and that I/we have read this application and consent to its filing. *(If signed by the authorized agent, a letter from each property owner must be provided indication that the agent is authorized to act on his/her behalf.)*

Owners (attach additional info if necessary):

Name (printed): _____ Address: _____

Signature: _____

Date: _____ Phone: (____) _____

Name (printed): _____ Address: _____

Signature: _____

Date: _____ Phone: (____) _____

Staff Use Only

Administrative Approval:

City Business Manager

Date

Conditions: _____

