



LOT SPLIT/REVERSE LOT SPLIT APPLICATION

Please PRINT or TYPE all information

Part 1 – PROPERTY INFORMATION

A. Physical Location/Address of Property: _____
B. Lot: _____ Block: _____ Subdivision: _____ Zoning District: _____
Or Metes and Bounds Description:

PART 2 - APPLICANT INFORMATION

A. _____
(First Name/ or Business Name) (Last Name)
B. _____
(Street Address) (City) (State) (Zip Code)
C. Check one Box - Architect Builder/Developer Consultant Owner: _____

PART 3- IMPROVEMENTS

Description of proposed changes _____

PART 4 - EXHIBITS

- JUSTIFICATION:** A clear and detailed statement in writing substantiating the application.
- LEGAL DESCRIPTION:** Of the property which may be obtained from the Canadian County Assessor’s Office (405) 262-1070 located in the Canadian County Courthouse in El Reno. The legal description can also be found on the deed to the property.
- A SITE PLAN /DRAWING** to scale showing existing lots
- APPLICATION FEE OF \$150.00(Residential) / \$300.00 (Commercial).** Check should be made payable to the City of Yukon

The applicant or his/her representative should appear to present the application to the Planning Commission.

I, the undersigned, hereby appeal for the relief of the nature set forth above, in accordance with the provisions of the Ordinance of the City of Yukon, and I hereby certify that the information given herein is true and correct to the best of my knowledge and belief.

Applicant’s Signature Date