

Please print or type.	
Location of Lot Split:	
Address of Subject Property:	
Zoning of Property:	Current Land Use:
PROPERTY OWNER	
Name:	Company:

	•••••	
Address:		
City:		Zip:
City		Zip
Phone:	 Fax:	
Email:		

APPLICANT

Name:		Company:	
Address:			
City:	State:		Zip:
Phone:		Fax:	
Email:			

Please attach:

□ A Certificate of Survey showing accurate dimensions and boundaries for each lot

□ A copy of recorded restriction requiring the timely reconstruction of any damaged or destroyed dwellings

NOTE: Lot splits must be filed with the Zoning Administrator, with a signature block for the Register of Deeds. A lot split must be submitted as a Certificate of Survey, sealed by a licensed land surveyor in Kansas and reviewed by the County Surveyor or another designated land surveyor. The Zoning Administrator may require that reasonable service and right-of-way easements accompany the survey. Such instruments shall be recorded with the Register of Deeds.

Signature of Property Owner:		Date:	
FOR OFFICE USE ONLY			
Case #: LS			
Amount of Fee Paid: \$	Receipt: #		
Reviewed By:	Date:	Approved 🗌	Denied \Box
Zoning Administrator			
			v.09.19.18

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