

MINOR SUBDIVISION (LOT SPLIT/COMBINATION)

CHECKLIST OF REQUIRED INFORMATION

- 1) Send an email to planning@delawareohio.net; Attn: Anna Kelsey to discuss your proposed lot split/combination prior to submitting your application.
- 2) One copy of the attached application form which includes:
 - a) Applicant(s) name, address, phone number.
 - b) Name, address, phone numbers of all owners of the property.
 - c) Signature by applicant.
 - d) If applicant is not the property owner, submit current notarized written statement signed by property owner(s) appointing applicant as owner's agent (form attached).
 - e) Name, address, phone number, e-mail address of contact person for information and questions.
 - f) Name, phone number, e-mail address of Engineer, Attorney, and/or Architect if applicable.
- 3) One copy of a survey and legal description showing the existing and proposed lot conditions completed and stamped by a licensed surveyor. Prior to submitting to the City for review, the documentation shall be reviewed by the Delaware County Map Room for their "green stamp".
- 4) Fees will be invoiced upon official acceptance of the application and required materials. Fees can be found in the fee schedule at delawareohio.net/planning.
 - a) Submitted applications may take several days to process. The applicant will be notified when the application materials have been reviewed, approved, and stamped. After being picked up, the survey and legal description shall be recorded with the Delaware County Recorder.

Agent Form

| appoint and expressly grant full authority to (Name of Agent) act as the sole agent(s) of and on behalf of the undersigned in all matters related to and in connection with attached application. The undersigned hereby consents and agrees to be bound by the application any agreement made by the herein named agent with the City of Delaware in connection with this sac case, and by all decisions made by the City in connection with this same case. Owner's Signature Owner's Signature Printed Name Printed Name State of County of Sworn to or affirmed and subscribed before me by Owner(s) Name(s) This date of SEAL Signature of Notary Public Notary Printed Name Commission Expiration Date | The undersigned, ow | ner(s) of the certain real pro | operty described in the attached application, do herek |
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| the attached application. The undersigned hereby consents and agrees to be bound by the application any agreement made by the herein named agent with the City of Delaware in connection with this sacase, and by all decisions made by the City in connection with this same case. Owner's Signature Owner's Signature Printed Name Printed Name State of County of Sworn to or affirmed and subscribed before me by Owner(s) Name(s) SEAL Signature of Notary Public Notary Printed Name | appoint and expressly grant full authority to (Name of Agent) | | |
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| State of County of Sworn to or affirmed and subscribed before me by Owner(s) Name(s) this date of SEAL Signature of Notary Public Notary Printed Name | | Printed Name | Printed Name |
| Signature of Notary Public Notary Printed Name | County of | and subscribed before me by | |
| Signature of Notary Public Notary Printed Name | | | |
| Notary Printed Name | | _ | SEAL |
| | Signature of Notary P | 'ublic | |
| Commission Expiration Date | Notary Printed Name | | |
| | Commission Expiratio | n Date | |