



City of Circleville
Department of Public Service
 City Administration Building
 104 East Franklin Street
 Circleville, OH 43113
 740-477-8224
 www.circlevilleoh.gov

Application #: _____
 Fee Amount \$ _____
 Collected By: _____
 Date: _____

Application for Lot Split/Combination

Applicant Name: _____ Phone #: _____

Applicant E-mail: _____

Property Owner: _____ Phone #: _____

Owner Address: _____

Property Address: _____ Parcel #: _____

Split Combination with Parcel #: _____

Zoning District: _____ Current Use: _____ Proposed Use: _____

Property Owner Signature: _____ Date: _____

Developer Signature: _____ Date: _____

(if different from Owner)

----- Do not fill below line -----

As Director of Public Service, I hereby certify that such application ____ meets ____ does not meet the requirements of Section 5.02 of the City of Circleville Zoning Code:

Director of Public Service *Date*

Approved Denied *Circleville Planning and Zoning Commission / No Plat Required*

Director of Public Service *Date*

Comments: _____

Lot Split/Combination Application Checklist

| | |
|--|---|
| | Names, addresses and phone numbers of owners and/or developers |
| | Survey of the property, with metes and bounds description, by a Registered Surveyor |
| | Adjoins an existing public street and does not involve opening, widening, extension or improvement of any roadway or the installation of any public utilities |
| | Creates no more than five (5) lots including the remainder |
| | Complies with ORC and City of Circleville Zoning Code |
| | Any additional drawings/information deemed necessary by the Service Director to determine compliance with pertinent subdivision, zoning and other regulations |