



The City of Oklahoma City
 Development Services Department
 Subdivision & Zoning Division
 420 West Main St., Suite 910
 OKC, OK 73102
 405-297-2623

Staff use only

Case # _____

Date Filed _____

Ward # _____

Nbrhd Area _____

School District _____

**APPLICATION FOR LOT SPLIT/
 DEED APPROVAL BY PUBLIC HEARING**

Name of Applicant: _____

Location of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION:

- a) One copy of the proposed deed or deeds with the new legal descriptions included or attached. The deed does not have to be executed.
- b) A site plan or survey of the property indicating the proposed new lots/lot lines.
- c) A list of property owners within a 100 foot radius of the property to be subdivided/split. The list **MUST** include their mailing address and the legal description of their property and **MUST** be current within 30 days of the date of submittal of the application. The list **MUST ALSO** contain a minimum of 15 separate individual property owners. If there are less than 15 separate individual owners within the 100 feet, the radius must be extended by increments of 100 feet until the list contains no less than 15 owners or until the radius reaches 1,000 feet. An insufficient list may result in a minimum 30-day delay in your application. You must attest on the attached "Affirmation" that the list is true and correct unless the list is certified by an abstract company.
- d) A filing fee of \$1,200.00 Make check payable to "City Treasurer".

The Planning Commission will consider the request for lot split/deed approval approximately four weeks from the time the application is submitted to the Development Services Department. If the application is approved by the Planning Commission, the "original" deed or deeds may be brought to the Development Services Department/Subdivision & Zoning Office the following day for the official stamp of approval to be placed on the original document(s).

Also Send Staff Report to: ↓

Signature of Applicant

Applicant's Name (please print)

Applicant's Mailing Address

City, State, Zip Code

Phone: _____

