

CITY OF SPRINGBORO

LOT SPLIT

Application

Case # _____

☐ Owner **APPLICANT'S NAME:** _____
☐ Agent _____
☐ Signed Purchase Contract _____
Telephone No. (_____) _____
Fax No. (_____) _____
Email Address _____

PROPERTY OWNER'S NAME: _____
Address: _____

Telephone No. (_____) _____

Address of Property: _____ Sidwell Number: _____
Existing Use: _____ Zoning District: _____
Proposed Use: _____

(Signature of Applicant and/or Agent)

(Date)

FOR OFFICIAL USE ONLY

Date Filed: _____, 200__

Date Paid: _____, 200__ Fee \$ _____ CK# _____ Receipt# _____

Date Reviewed: _____, 200__ ☐ Granted ☐ Denied

Conditions: _____

