

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:

