City of Walnut Ridge 300 W. Main St. Walnut Ridge, AR 72476 PHONE: (870) 886-6638

# LOT-SPLIT/REPLAT APPROVAL GUIDE AND APPLICATION

## **APPLICATION CHECKLIST:**

- 1. Letter of intent.
- 2. Nine (9) copies of a drawing to scale of the lot(s) involved, as well as a digital copy in AutoCAD format and georeferenced in NAD83 Arkansas State Plane Coordinates, North Zone.
- 3. Application fee.
- 4. Source of title to the property.
- 5. All other documents as specified in the Lot-Split Requirement Checklist (see below).
- 6. Application must be filed at least 15 days prior to a regular meeting of the planning commission.

#### **PROCEDURE:**

- 1. The planning commission shall review the application at the next regularly scheduled meeting after receiving the completed application with all required attachments.
- 2. If the commission determines that the Lot-Split meets the requirements of the subdivision code, then the commission shall certify its approval of the plat, make proper notation on the original tracing of said plat, and permit the plat's recording in the office of the Circuit Clerk Recorder.

## LOT-SPLIT REQUIREMENT CHECKLIST:

Name of subdivision
Name and address of owner(s) of subdivision
Boundary and written legal description of subdivision
Legal description of parcels or lots that result from the subdivision or Lot-Splits
Streets, alleys, and easements bordering or abutting the subdivision
Dimensions in feet and decimal parts thereof, and curve data for all lots, blocks, and street lines
Building setback lines with dimensions
Name of engineer or surveyor preparing the final plat
Date, map, scale, and north arrow
Acreage being subdivided
Location of all monuments
Approval of the Arkansas Department of Health of the sanitary sewer system if the requirements for sewer disposal of the Lot-Split are to be met by any other means than by connection to a sewer operated by the City of Walnut ridge

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# LOT-SPLIT/REPLAT APPLICATION

Property Owner Name/Signature:						_
Spouse Name/Signature:						
Property Address:						_
Development Description:						_
						_
						_
						_
Legal Description:						_
						_
						_
The undersigned property ow applicant at all hearings:	ner design	iates the	following age	nt or attorne	y to represent the	!
Name	Address		City	State	Phone No.	
Property Owner Signature						
Property Owner Mailing Addre	ess	City		State	Zip	
Phone:						