

**KIOWA, KANSAS**

**INSTRUCTIONS**

**APPLICATION FOR LOT SPLIT OR BOUNDARY SHIFT APPROVAL**

1. The attached application form must be completely filled in before it can be filed. Portions of the form that are not applicable shall be marked N/A. All applications must be signed by the owner.
2. The applicant should review the lot split provisions of the Subdivision Regulations to assure a complete understanding of the requirements.
3. The application shall be accompanied by three (3) copies of the required drawings or survey.
4. The filing fee for lot split approval shall be \$\_\_\_\_\_.

Section No. \_\_\_\_\_  
Township No. \_\_\_\_\_  
Range \_\_\_\_\_

Lot Split No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

**APPLICATION FOR LOT SPLIT OR BOUNDARY SHIFT**

Name of Property Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Surveyor or Engineer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

LOT SPLIT OR BOUNDARY SHIFT INFORMATION:

1. General Location \_\_\_\_\_

2. Legal Description \_\_\_\_\_

3. Gross Acreage \_\_\_\_\_

4. Minimum Lot Frontage \_\_\_\_\_

5. Minimum Lot Area \_\_\_\_\_

6. Existing Zoning \_\_\_\_\_

7. Proposed Zoning \_\_\_\_\_

8. Public Water Supply (Yes, No) \_\_\_\_\_

9. Public Sanitary Sewer (Yes, No) \_\_\_\_\_

10. Health Department Approval where applicable (Yes, No) \_\_\_\_\_

11. Street Right-of-Way Width \_\_\_\_\_

12. Sidewalks (Yes, No) \_\_\_\_\_

The owner herein agrees to comply with the Subdivision Regulations for Kiowa, as amended, and all other pertinent resolutions of Kiowa, and statutes of the State of Kansas. It is agreed that all costs of recording the lot split or boundary shift and supplemental documents thereto with the Barber County Register of Deeds shall be assumed and paid by the owner at the time of filing. The undersigned further states that he is the owner of the property proposed for the lot split.

Owner's Signature \_\_\_\_\_

Agent (if any) \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Received By \_\_\_\_\_

Date \_\_\_\_\_

Fee Submitted \_\_\_\_\_

**LOT SPLIT OR BOUNDARY SHIFT CHECK LIST**

Application No. \_\_\_\_\_ Date \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Surveyor \_\_\_\_\_

Signature of Person who Completed this Check-List \_\_\_\_\_

**INSTRUCTIONS**

The following check-list is to be completed by the Zoning Administrator or his/her designee. If the answer to any of the questions is "No", a written explanation should accompany this check-list.

	<u>Yes</u>	<u>No</u>
A. Have signed statements from each owner on the ownership list been submitted?	_____	_____
B. Have required copies of the survey or drawing been submitted?	_____	_____
C. Does the application comply with the "Approval Guidelines" set out in Article 3, Lot Splits and Boundary Shifts?	_____	_____
D. Are any additional requirements necessary:		
1. Installation of water lines?	_____	_____
2. Installation of sanitary sewer?	_____	_____
3. Installation of storm sewer?	_____	_____
4. Street pavement?	_____	_____
5. Dedication of street right-of-way?	_____	_____
6. Dedication of easements?	_____	_____
7. Submission of deed restrictions?	_____	_____
E. How has installation been guaranteed?	_____	_____
1. Actual construction.	_____	_____
2. Bond.	_____	_____
3. Petition.	_____	_____
F. Has the filing fee of \$_____ been submitted?	_____	_____

In order for the lot split or boundary shift to be approved, either a space must be provided for a stamp stating the following, or the following language has been included on the lot split drawing:

I, \_\_\_\_\_, Zoning Administrator of Kiowa, Kansas, do hereby certify under the authority granted me by the Subdivision Regulations of Kiowa, Kansas, that the lot split or boundary shift to which my signature below is given has been approved as being in conformance with the provisions of the Kiowa Subdivision Regulations. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Typed Name), Zoning Administrator