

LORAIN SOIL & WATER CONSERVATION DISTRICT
LOT SPLIT REVIEW APPLICATION FORM

ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM. THE REVIEW FEE, APPLICATION,
AND A SITE MAP DELINEATING THE PROPOSED LOT BOUNDARIES SHALL BE SUBMITTED.

1. Owner Information

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

2. Agent/Engineer/Contractor Information

Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

3. Site Information

Parcel #: _____ Acreage: _____
Address: _____ Township: _____
City: _____ State: _____ Zip: _____

4. Payment Information

Make Checks Payable to Lorain County Commissioners

Check #: _____ Amount \$: _____ Date of Check: _____

Please note that the charged amount is based on the requested acreage split from the original parcel, per split.

5. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and are to the best of my knowledge and belief, true, accurate, and complete.

I authorize the Lorain County Commissioners or its appointed agents to enter this property for the purposes of a General Site Evaluation.

Printed Name: _____

Signature: _____ Date: _____