## CITY OF RICHLAND CENTER LAND SPLIT REQUEST

All Owner(s) of Property:
Owner's Address:
Owner's Telephone:
Email:
Tax Parcel # of Property you would like to Split: (This # is found on the tax bill for the property)
Property/Land Address of Property you would like to Split: (Attach Legal Description)
Current Zoning Classification of Property:
Are you requesting a Zoning Change? Y or N If "Yes" to what Zoning Classification?
Reason for Requested Land Split:
s this Within the City? Y or N Is this ETZ (Extra Territorial Zoning)? Y or N
Names and addresses of owners of all real estate within 300 feet of all property lines:
Signature(s) of Property Owners Requesting Land Split:
date
date
date

Official Use Only:	
Date Application Received by City Clerk:	
Date of Initial Planning Commission Review:	
Commission Recommendation:	
Signature:	
Date City Clerk Sets for Public Hearing (This is doe	es not require a Class I or II notice)
Date City Clerk sends Public Hearing Notice to Prop	perty Owners within 300 feet:
Date of Scheduled Public Hearing by Planning Com	nmission:
Date reported to City Council as Agenda Item:	
Date City Council Reviews Request:	
Action of City Council and Conditions:	
City Council approval: Y or N	
Mayor Signature:	date:
Date of City Council Decision Letter mailed to Neig	ghboring Property Owners by City Clerk via
U. S. Postal Service:	