

CITY OF ELYRIA ZONING REQUEST FOR LOT SPLIT
(Elyria Codified Ordinance, Section 1111.02)

Owner _____ Date _____

Address _____ Ph. _____

E-mail _____

Site / Split address _____

Parcel # _____

Additional Parcel #'s, if applicable. _____

A. Per the Elyria Codified Ordinance, Section 1111.02 States; Whenever a division of a parcel of land shown as a unit on the last preceding tax roll (duplicate) is proposed along an existing public street not involving the opening, widening or extension of any street or road, and involving no more than five lots, the division shall be submitted to the Planning Commission for action without a plat. A drawing, based on a survey showing the location of property and giving such other information as may be necessary, as determined by the Building Inspector, shall be required. If the Commission, acting through the Building Inspector, is satisfied that such proposed division is not contrary to applicable platting, subdividing or zoning regulations, it shall, within seven working days after submission, approve such proposed division. On presentation of a conveyance of the parcel, the same shall be stamped "Approved, City of Elyria Planning Commission" and signed by the Building Inspector.
(Ord. 97-297. Passed 12-15-97.)

B. Zoning Request Form has been completed /submitted for review in advance of the Lot Split Request and a response has been rendered by the Building Official /Zoning Administrator. Please attach the Zoning Response to this application.

C. Please include Survey / Maps, Legal Description, and any other information which might be helpful during the review process.

D. Lot Combinations are to be submitted to the Lorain County Auditors Department for processing / review.

E. Per the Elyria Codified Ordinance, Section **109.13** BUILDING DEPARTMENT. **109.13** BUILDING DEPARTMENT.
(a) Fees charged by the Building Department shall be as follows: (1) Lot split requests (for each newly created parcel) **\$25.00 (split plus remainder equal \$40.00)**

Total # of Splits _____ **Total # of Remainder Parcels** _____

Fee Due \$. _____ . (No 1% or 3%)

Signature of Owner: _____ . **Print:** _____

Signature of Owners Agent: _____ . **Print:** _____

BUILDING DEPT. USE ONLY:

Date Approved/Inspector _____ Date Rejected/Inspector _____

Zoning _____ . Remarks: _____