**MINOR SUBDIVISION/LOT-SPLIT/REPLAT GUIDE AND APPLICATION**

***APPLICATION CHECKLIST:***

1. Letter of intent.

2. Three (3) 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 $100.00.

4. Source of title to the property.

5. All other documents as specified in the Application Requirement Checklist **(see below).**

6. Application must be filed at City Hall.

***PROCEDURE:***

1.The application must be completed, and all fees paid to be accepted for review.

2. The Administrative Official shall review the application and provide comments for revisions, as necessary. One all deficiencies with the application and submitted drawings are corrected in a manner that conforms to the requirements of the Subdivision Code the Administrative Official shall approve the application.

***APPLICATION 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-Split
* 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 Trumann.

**MINOR SUBDIVISION/LOT-SPLIT/REPLAT PLAT APPLICATION**

Property Owner

Name/Signature:

Spouse

Name/Signature:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address:

Development Description:

Legal Description:

Zoning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name Address City State Phone No.

Property Owner Signature Spouse Signature

Property Owner Mailing Address City State Zip

Phone: \_