

FEE \$150 each

SPRINGBORO

DATE _____

LOT SPLIT APPLICATION

Build@cityofspringboro.com

ADDRESS OF PROPERTY: _____

ZONING DISTRICT: _____ PARCEL ID: _____

EXISTING USE: _____

PROPOSED USE: _____

☐ COPY OF SIGNED PURCHASED CONTRACT PROVIDED

<u>PLEASE PRINT</u>	Name	Address	Phone Number & Email *BOTH REQUIRED TO PROCESS APPLICATION*
Property Owner			
Agent			

Applicant's Name: _____ Email: _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

DATE PAID: _____ CHECK # _____ RECEIPT # _____

DATE REVIEWED: _____ GRANTED DENIED

CONDITIONS: _____

Springboro Building Department
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Ph 937.748.9791 Fax 937.748.6860
build@cityofspringboro.com