



# LOT SPLIT APPLICATION

CITY OF DOWAGIAC

241 S. Front Street P.O. Box 430 Dowagiac, MI 49047  
269.782.8427

**Procedure:**

- Applicant must complete and submit this Lot Split Application along with a \$72.75 non-refundable application fee to the Building Department.
- Applicant shall have a survey completed for the subject split (showing both before and after the split).
- Applicant must obtain and complete a Zoning Application (no charge), and submit it with the Lot Split Application to the Building Department.
- Building Department, upon receipt of the Lot Split Application fee, shall review the Lot Split Application, Survey, and Zoning Application.
- Upon completion of the review, a public hearing is scheduled for the lot split by the Dowagiac Planning Commission. The Planning Commission meets the first Monday of every month.
- If the lot split is approved, the Dowagiac City Clerk shall notify all county and local governments of the approved split.

1. **LOCATION OF LOT:** Property Address \_\_\_\_\_ Lot # \_\_\_\_\_

Property Tax # 14-160- \_\_\_\_\_

2. **LOT(S) DESCRIPTION:** \_\_\_\_\_

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3. **PROPOSED USE AFTER SPLIT:** Survey Provided Yes / No

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**4. IDENTIFICATION**

**A. OWNER or LESSEE**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. OWNER or LESSEE AFTER SPLIT**

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**5. APPLICANT INFORMATION**

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information:

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fed. ID # and/or Social Security# \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

Cash  Check # \_\_\_\_\_  
(checks payable to City of Dowagiac)

**6. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

| <i>Department Approvals:</i> | <i>Yes / No</i> | <i>Date</i> | <i>By</i> |
|------------------------------|-----------------|-------------|-----------|
| Zoning                       | Yes / No        | _____       | _____     |
| Building                     | Yes / No        | _____       | _____     |
| Public Services              | Yes / No        | _____       | _____     |
| Other                        | Yes / No        | _____       | _____     |

**7. VALIDATION**

\_\_\_\_\_  
James Bradford, Building Official      Date

## Plot Plan / Survey

*(Remember to show streets, all structures, easements, fences, gates, pavement, electrical lines & property lines.)*

