



# CASS COUNTY DEPT OF ZONING AND INSPECTIONS

Jim Chappell - Zoning Administrator

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## PARCEL SPLIT / BOUNDARY ADJUSTMENT APPLICATION

### 1. APPLICATION TYPE (Check One)

- Parcel Split
- Boundary Adjustment

### 2. PROPERTY INFORMATION

Parent Parcel ID: \_\_\_\_\_

Legal Description: \_\_\_\_\_

General Location: \_\_\_\_\_

Zoning District:  AG  TA  R  C  I  REC/AG  IND/AG  COM/AG

### 3. PROPERTY OWNER INFORMATION

Owner Name(s): \_\_\_\_\_

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

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

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

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

### 4. APPLICANT / AGENT INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

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

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

Owner Consent Provided?  Yes  No (Required)

**5. REQUEST DETAILS**

Existing Parcel Size: \_\_\_\_\_

Proposed Parcel Size: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**6. REQUIRED SUBMITTALS**

Survey / Plat Drawing (Mylar and 3 paper copies

Application Fee

**7. CERTIFICATIONS**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. OFFICE USE ONLY**

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

Application No.: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Checked By: \_\_\_\_\_

Administrator Determination:  Approved  Denied