



# LOT SPLIT / DEED CERTIFICATION APPLICATION

## APPLICATION REQUIREMENTS

The following items must be submitted for a **Lot Split / Deed Certification Application** to be processed. Items must be submitted digitally unless otherwise specified.

*(Staff use only)*

Project Name: \_\_\_\_\_  
Application #: \_\_\_\_\_  
Date Received: \_\_\_\_\_

- Legal Descriptions must include the legal description of the existing lot and a legal description for each proposed new lot (MS Word)
- If lot split is within a previously accepted residential plat and creates a new lot, the application requires a recommendation from Planning Commission and action by City Council and the following is required:** a certified ownership list of all current property owners of record of the previously approved and accepted Final Record Plat. Owner names and mailing addresses shall be taken from the County Assessor's current tax rolls. (hard copy only)
- Mailing labels printed with the above addresses (hard copy only)
- Survey(s) (in addition to the digital version, submittal must include 1 hard copy of the survey(s)) must include survey of the existing lot and a survey for each proposed new lot / each deed certified
- Fee: \$100 for **each** proposed new lot / each deed certified (plus \$50 notice fee if notice is required)  
Make checks payable to "**City of Edmond**"
- Deed of the existing lot (required for due diligence and record keeping)
- Completed and signed **Lot Split / Deed Certification Application**

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone (optional): \_\_\_\_\_  
Email: \_\_\_\_\_

## PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

Property Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone (optional): \_\_\_\_\_  
Email: \_\_\_\_\_



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## REPRESENTATIVE INFORMATION (IF REPRESENTED)

Representative: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alt. Phone (optional): \_\_\_\_\_

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

## PROPERTY/PROJECT INFORMATION

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

Nearest major street intersection:  NW  NE  SE  SW of:  
\_\_\_\_\_ and \_\_\_\_\_

## REQUEST SUMMARY

Current number of Lots: \_\_\_\_\_

Number of lots requested (if Lot Split is approved): \_\_\_\_\_

Purpose/reason for request:  
\_\_\_\_\_  
\_\_\_\_\_

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

Access (public and/or private):  
\_\_\_\_\_  
\_\_\_\_\_

Water & Wastewater utilities:  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant or Designated Representative must attend the Planning Commission and City Council (if required) meeting when this application is considered.**

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

Contact us at 405-359-4790 or [planning@edmondok.com](mailto:planning@edmondok.com) if you have questions about this application.