



# 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.

- Legal Descriptions must include the legal description of the existing lot and a legal description for each proposed new lot
- 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
- Deed of the existing lot
- Fee: \$100 for each proposed new lot / each deed certified  
Make checks payable to “**City of Edmond**”
- Completed and signed **Lot Split / Deed Certification Application**

*(Staff use only)*

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

## 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: \_\_\_\_\_

## REPRESENTATIVE INFORMATION (IF REPRESENTED)

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



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## 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 meeting when this application is considered.**

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

Contact us at 405-359-4790 if you have questions about this application.