

FORM A

**APPLICATION FOR MINOR LAND DIVISIONS OF
LESS THAN FIVE LOTS WITHOUT A PLAT**

SUBMISSION REQUIREMENTS:

This application form completed.

One (1) copy of a Surveyor's map of the lot, drawn to scale, showing location of the property, giving accurate dimensions, and showing the location of roads, drainage tile lines, and other information as may be necessary.

One (1) copy of the legal description preferably a copy of the face of the deed, of each lot transferred, including any easements that apply.

Twenty (\$30.00) dollar fee for each new lot (effective 3/1/03).

Approved site evaluation by the Marion County Health Department (for new land division involving the construction or potential construction of a new home).

Approval of driveway location by ODOT when land division is located on a State Route (contact Greg Channel, ODOT, 800-372-7714, ext.345). An application is considered incomplete until drainage easements (when necessary) are added to the deed.

Date filed _____

OWNERSHIP INFORMATION:

Name of Grantor _____ Phone _____

Address _____

Name of Grantee _____ Phone _____

Address _____

Name of Legal Representative _____

Office Address _____ Phone _____

LOCATION OF PARCEL:

Township _____ Within Marion City Yes ___ No ___

Section _____

Street/Road _____ U.S. or State Route Yes ___ No ___

(If the road is a U. S. Or State Road, buildings must be set back 75 feet from the right-of-way, unless a local zoning ordinance requires more or less)

SIZE AND ZONING OF NEW LOT:

Width _____ Depth _____ Area(Ac.) _____ Zoning _____

UTILITIES AVAILABLE:

Public Water ___ Yes ___ No ___ Private (Specify) _____

Public Sewer ___ Yes ___ No ___ Private (Specify) _____

STRUCTURE:

Existing structure on property Yes ___ No ___ Type _____

Structure proposed Yes ___ No ___ Type _____

(NOTE: Where public water and sewer are not available, land divisions for three or more family dwellings are prohibited.)

Elevation of Building site above road _____ feet.

SIGNATURE:

I declare that I have examined this completed application including accompanying surveys, deeds and forms and to the best of my knowledge and belief it is a true, correct, and complete representation of my plans. I also understand that by signing this application, I am responsible for notifying any builders or subsequent owners of the conditions set forth on this application.

Signature of grantor, grantee or representative _____ Date _____

Witnessed by _____ Date _____

RECORD OF ACTION (For Staff Use)

	<u>Denied</u>	<u>Approved</u>
-County Sanitarian	_____	_____
-Planning Staff	_____	_____
-Regional Planning Commission	_____	_____
-Marion City Planning Commission	_____	_____

Fee Paid Yes ___ No ___