



**City of Upper Sandusky**  
Department of Zoning  
109 S Sandusky Ave, Room 16  
Upper Sandusky, OH 43351  
Phone (419) 209-0476 • Fax (419) 294-6414

**Application for Lot Split**

*A copy of a stamped survey and legal description as well as a fee of \$250.00 per new lot created are required.*

**Address / Parcel Number of Lot to Be Split:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Property Owner**

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

**Permit Applicant (if different than Owner)**

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

**Lot Information**

Lot Size:      Width \_\_\_\_\_      Depth \_\_\_\_\_      Sq. Ft./Acres \_\_\_\_\_

Survey Completed:      Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of Split Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

-----  
**For Office Use Only:**

Property Zoning: \_\_\_\_\_      Percent Occupied: \_\_\_\_\_

New Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_

Date of Planning Commission Meeting: \_\_\_\_\_      Variance Required: Yes No

Fees: \$ \_\_\_\_\_      Date Paid: \_\_\_\_\_      Receipt Number(s): \_\_\_\_\_

Application Number: \_\_\_\_\_

Approved / Denied by:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Inspector

\_\_\_\_\_  
Date