



APP # _____
Date _____
Fee _____
(for office use only)

CITY OF BACKUS
LOT SPLIT/SUBDIVISION/REZONING APPLICATION

Name of Applicant _____ Phone _____

Property Address (E911#) _____ Local Phone _____

Mailing Address _____ E-mail _____

(if different than above)

City, State, Zip _____

Applicant is:
 Legal Owner _____
 Contract Buyer _____
 Option Holder _____
 Agent _____
 Other _____

Title Holder of Property *(if other than applicant)*

 (Name)

 (Address)

 (City, State, Zip)

Location of property involved in this request:

Property ID # _____
 (9 digit # on tax statement)

Zoning District _____

Nature of request (select only one):

Preliminary Plat

Final Plat

Metes and Bounds

Rezoning

Proposed New Zoning District _____

Signature of Owner, authorizing application (required): _____
 By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
 (By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

CHECKLIST

- _____ Completed application, signed by property owner
- _____ Fee
- _____ All current City charges paid
- _____ Survey with minimum Ordinance requirements

CONTACT INFORMATION

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