



Permit #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_

**CITY OF NEW HAMPTON, IOWA**  
**LOT COMBINATION APPLICATION AND APPROVAL**

**Applicant Information:**

Name of Applicant:
Mailing Address:
Telephone Number:
Email Address:

**Property Information:**

Site Address of Properties in Question:
Existing Parcel ID Numbers:
Legal Description of Properties in Question (Attach, if necessary):
Are you aware of any special assessments or easements on these properties to be combined? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
Have you attached a copy of the deed for each existing parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>*The legal name shall be the same on both parcels in order to combine into one (1) lot of record. The properties shall also be under the same zoning classification per the zoning map of the City of New Hampton.</i></b>

**Acknowledgement and Certification of the Applicant and/or Owner:**

I/We understand this application for the combination of lot of records described and located as show herein. The applicant certifies that the information contained herein is correct and agree to abide by the provisions outlined within the City Zoning and Subdivision Ordinances and the State of Iowa Codes.

An applicant who is approved of a lot combination by the City of New Hampton is bound, by acceptance of this application, to commence the finalization of legal documents with Chickasaw County Assessors Office. The issuances of a lot combination by the City shall be valid for a period of twelve (12) months from and after the date of issue of said approval. Upon expiration of a permit, the holder shall make a new application for a new permit under the provisions of the Ordinance and shall otherwise go through the same procedure as required for issuance of the original permit. The fee for the second permit, as in the case of the original permit fee, shall be set by resolution by the City Council.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Owner Signature, if not the applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Approval of the City:**

Based on the information provided in this application, and attested to, by the applicant, I have reviewed the lot combination request and hereby approve of this application on behalf of the City of New Hampton, Iowa.

\_\_\_\_\_  
Signature of Zoning Administrator

Date: \_\_\_\_\_