



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

**CITY OF NEW HAMPTON, IOWA**  
**LOT DIVISION / LOT LINE REALIGNMENT APPLICATION AND APPROVAL**

**Applicant Information:**

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

**Property Information:**

Site Address of Property in Question:
Existing Parcel ID Number:
Zoning Classification or District:
Existing Legal Description of Properties in Question (Attach, if necessary):
New Surveyed Parcel Number(s):

**New Lot(s) Information:**

<b>Proposed Lot A (remainder):</b> <b>Existing deed and proposed legal description <u>attached</u>.</b>
<b>Lot Size:</b> _____ sq.ft./acres <b>Width:</b> _____ ft <b>Depth:</b> _____ ft <b>Road Frontage:</b> _____ ft Will this parcel keep the original address? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Proposed Lot B:</b> <b>Proposed legal description <u>attached</u>.</b>
<b>Lot Size:</b> _____ sq.ft./acres <b>Width:</b> _____ ft <b>Depth:</b> _____ ft <b>Road Frontage:</b> _____ ft
<b>Proposed Lot C (If Necessary):</b> <b>Proposed legal description <u>attached</u>.</b>
<b>Lot Size:</b> _____ sq.ft./acres <b>Width:</b> _____ ft <b>Depth:</b> _____ ft <b>Road Frontage:</b> _____ ft
<b>Proposed Lot D (If Necessary):</b> <b>Proposed legal description <u>attached</u>.</b>
<b>Lot Size:</b> _____ sq.ft./acres <b>Width:</b> _____ ft <b>Depth:</b> _____ ft <b>Road Frontage:</b> _____ ft

<p>Are you aware of any special assessments or easements on the property to be subdivided or realigned?  <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>
<p>Have you attached a copy of the deed for each existing parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are there any buildings or structures on the new lot being formed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include them on the Plat of Survey for each lot)</p>
<p>Is the property located within a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you intend to fill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have there been any Variances or Special Exceptions granted for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>

**Preparation Information:**

<p>Attorney Name (who prepared the required legal description):</p>
<p>Mailing Address:</p>
<p>Telephone Number:</p>
<p>Email Address:</p>
<p>Licensed Iowa Land Surveyor Name (who prepared survey(s)/plat(s):</p>
<p>Mailing Address:</p>
<p>Telephone Number:</p>
<p>Email Address:</p>

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

I/We understand this application for the division(s) and/or lot line realignment(s) 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 division(s) and/or lot line realignment(s) 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 division(s) and/or lot line realignment(s) 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 division(s) and/or lot line realignment(s) request and hereby approve of this application on behalf of the City of New Hampton, Iowa.

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

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