

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

LOT DIVISION REQUEST

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address Of Property To Be Split \_\_\_\_\_

Petitioner's Signature \_\_\_\_\_

Parcel Number \_\_\_\_\_

Existing Description Of Property To Be Divided (Use reverse or attach sheets if needed)

What will happen to the remaining property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a certificate of survey of proposed lot division showing existing and proposed parcels.  
Pay required \$120. fee by check payable to the City of Detroit Lakes.

APPROVED LOT DIVISION

Date \_\_\_\_\_

Community Development Director  
Or Zoning Administrator  
Or City Clerk

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission expiration date \_\_\_\_\_