CITY OF GERMANTOWN

One North Plum Street Germantown, Ohio 45327

Phone (937) 855-7255 Fax (937) 855-3215

APPLICATION FOR RESUBDIVISION/REPLAT, LOT SPLIT OR LOT COMBINATION

Date:	L#		
Name of Applicant:	Phone:		
Address of Applicant:			
Owner of Land to be Combined			
	Phone:		
Land is currently Zoned:			
Land to be Combined/Split:			
Parcel ID#	; Lot#		
Parcel ID#			
Parcel ID#			
Parcel ID#			
Size of New Land:			
Acres;	Front Feet x	x	x
	Front Feet x		
	Front Feet x		
	Front Feet x		
Documentation required:			
2) Parcel Combination or S	f within an existing subdivision Split Survey (if not within an arcels involved after combina	existing subdiv ation/split app	roved and recorded
	OFFICE USE ONLY		
I have inspected the document requested to be combined/split requirements.			
 Date	Sign	ature of City M	anager or Designee