



**Community Development Department**

Planning Division  
Lot Split Application

200 S MAIN • P.O. BOX 180 • OWASSO, OKLAHOMA 74055 • (918) 376-1500 • [planning@cityofowasso.com](mailto:planning@cityofowasso.com)

**LOT SPLIT APPLICATION**

**FOR OFFICE USE ONLY**

|                     |  |
|---------------------|--|
| Case Number:        |  |
| Date Received:      |  |
| TAC Date:           |  |
| PC Date:            |  |
| Fee Paid (\$300.00) |  |

**CONTACT INFORMATION**

PROPERTY OWNER NAME:

PHONE:

OWNER ADDRESS:

STREET

CITY

STATE

ZIP

OWNER EMAIL:

APPLICANT NAME:

PHONE:

(If different than owner)

SELECT ONE:

AGENT FOR OWNER

PURCHASER

ATTORNEY FOR OWNER

OTHER

APPLICANT ADDRESS:

STREET

CITY

STATE

ZIP

APPLICANT EMAIL:

**PROPERTY INFORMATION**

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

PROPERTY ADDRESS:

STREET

CITY

STATE

ZIP

SUBDIVISION OR DEVELOPMENT NAME:

COUNTY:

ACREAGE:

CURRENT ZONING:

OWASSO LAND USE MASTER PLAN DESIGNATION:

CURRENT USE OF THE PROPERTY:



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**FIRST LOT TO BE CREATED**

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

SOURCE OF WATER SUPPLY:

TYPE OF SEWAGE DISPOSAL:

STREETS TRACT WILL FACE:

PROPOSED USE:

LOT SIZE:

**SECOND LOT TO BE CREATED**

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

SOURCE OF WATER SUPPLY:

TYPE OF SEWAGE DISPOSAL:

STREETS TRACT WILL FACE:

PROPOSED USE:

LOT SIZE:

**THIRD LOT TO BE CREATED**

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

SOURCE OF WATER SUPPLY:

TYPE OF SEWAGE DISPOSAL:

STREETS TRACT WILL FACE:

PROPOSED USE:

LOT SIZE:



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**SUBMITTAL**

Property surveys and legal descriptions for each tract to be created by the lot split shall and for the parent tract must be submitted with this application. Please submit this completed application form with all required items to the Owasso [Planning Division](#). Applicants must submit a paper copy of all materials to Owasso City Hall **and** an electronic copy of all materials to [planning@cityofowasso.com](mailto:planning@cityofowasso.com). Incomplete applications will not be accepted. Applications are due on or before the 1<sup>st</sup> of the month to be eligible for addition to that month’s Technical Advisory Committee (TAC) meeting. After TAC review, the application is included on the next [Planning Commission](#) meeting agenda. The applicant or the applicant’s representative must attend the Technical Advisory Committee and Planning Commission meetings at which their item appears on the agenda.

**SIGNATURES**

I, \_\_\_\_\_ (applicant name), hereby certify that the attached and completed application contains the information required by the City of Owasso as specified above. I understand the submission of incomplete and inaccurate information may result in a delay in processing and action on this application.

Signature of Applicant:

Date:

Signature of Property Owner:

Date:

*The property owner must sign the application or it will not be processed.*

**FOR OFFICE USE ONLY**

Staff Signature:

Date:

Staff Comments: