

**ALLAMAKEE COUNTY, IOWA
APPLICATION FOR LAND DIVISION (FORM A)**

Applicant Information: (Property Owner(s) as listed on tax receipt) _____ **Date Submitted** _____

General Property Location:

Quarter _____ Quarter(s) _____ Section(s) _____ Township # _____ N Range _____ W Township Name: _____
 Contact information (for any questions arising regarding division of land): _____

 Last Name First Name Home Phone Work Phone

 Mailing Address City State Zip Email

Surveyor/Engineer Information:

 Name/Company Address, City, State, Zip Fax

Reason property is being divided (ex: sale, estate planning, mortgage) _____

Approximate Size of New Lot (s): _____

Please attach a drawing (preferably an aerial photo or copy of plat) of how you are proposing of dividing the land.

Access will be described by: Plat Easement agreement Document of conveyance. (Copy of the agreement or document of easement conveyance must be attached for our file.)

Yes No **Ag Exempt Legend?** (If yes, the plat will not need to be reviewed by the Zoning Commission and the current and future use the property will be restricted to agricultural use only. If no, the plat will be reviewed by the Zoning Commission and the property may be used for any use allowed in the zoning ordinance.)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL PROPOSED WORK WILL BE COMPLETED IN ACCORDANCE WITH THE ALLAMAKEE COUNTY ZONING ORDINANCE AND SUBDIVISION REGULATIONS AS APPROVED BY THE ALLAMAKEE COUNTY BOARD OF SUPERVISORS.

Note: This form may be filled out & signed by agent, purchaser or property owner. Not all property owners need to sign this form, however, all owners (including spouses) must sign the plat.

Applicants Signature _____ *Date* _____ or _____ *Agents Signature* _____ *Date* _____

***Submit this application to the Allamakee County Auditor's Office 563-568-3522**

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- For Office Use Only -

Legal Description of existing Property _____

Tax District _____ Parcel Identification Number (s) _____

Zoning Administrator Review:

Current Zoning: _____

2 Mi. City Radius: _____

Land Development Suitability:

- ____ Land Described Above May Remain As Currently Zoned
- ____ 100 Yr Flood Plain _____ Bluffland (BPD)
- ____ Land shall be Rezoned Prior to Land Division Approval
- ____ Land Described may be suitable for Well & Septic

Zoning Administrator _____ *Date* _____

County Engineer or Representative _____ *Date* _____

County Auditor Review:

Determination of Division Type: Requiring County subdivision procedures

- ____ Major Subdivision-Preliminary Plat Required
- ____ Major Subdivision-Final Plat Required
- ____ Minor Subdivision- Plat Required
- ____ City Subdivision - Must meet City Requirements

County Auditor or Representative _____ *Date* _____

Not requiring County subdivision procedures:

- ____ Property Line Adjustment-Plat Required
- ____ Property Line Adjustment-No Plat Required
- ____ Land Division- No Plat Required
- ____ Resurvey-Exempt from Zoning & Engineer
- ____ Land Division - Plat
- ____ Requires Attachments per Iowa Code

Additional Comments: _____

This application is only valid for 120 days from date of last office final review, except for a Preliminary Plat.