

**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.)

**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**

*- 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.**