



CITY OF WAYNE
PARCEL SPLIT/COMBINATION APPLICATION

Instructions: This completed application, when filed with the necessary supporting materials outlined below, will serve to initiate the processing of a parcel split/combination in accordance with the provisions set in the City of Wayne Zoning Ordinances. Be sure to complete each applicable section and to provide all requested materials. Incomplete applications delay the review process.

DATE: _____

PURPOSE OF APPLICATION: () PROPERTY SPLIT () PARCEL COMBINATION () BOTH

PARCEL ID NUMBER (S): (off all properties effected)

ZONING CLASSIFICATION: _____ NET ACREAGE: _____

CURRENT LEGAL PROPERTY OWNERS NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

NEW PROPERTY OWNERS NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

PROJECT REPRESENTATIVES NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

[Type text]

DESCRIBE WHAT YOU WISH TO ACCOMPLISH IN AS MUCH DETAIL AS POSSIBLE BELOW:

The legal owner(s) and project representative indicated above must sign this application. All correspondence and notices regarding the application will be transmitted to the project representative. By signing this application the project representative is indicating that all information contained in the application, all accompanying plans and all attachments are complete and accurate to the best of his/her knowledge. This application is not valid unless it is accompanied by the fee in accordance with the City of Wayne Fee Schedule.

SIGNATURE (S) OF LEGAL OWNER (S)

_____ DATE: _____
_____ DATE: _____

SIGNATURE OF PROJECT REPRESENTATIVE:

_____ DATE: _____

FOR CITY USE:

PROOF OF OWNERSHIP ()

APPROVED BY: _____ DATE: _____

NEW PARCEL IDENTIFICATION (to be provided by Wayne County_

55- _____