



CITY OF WALKER
REQUEST FOR PROPERTY DIVISION

Date _____

I hereby request that the property located at _____
with a Permanent Parcel Number of _____ be split into the following
parcels:

1. Address of Parcel _____
Description _____

Owner and Mailing Address _____

2. Address of Parcel _____
Description _____

Owner and Mailing Address _____

3. Address of Parcel _____
Description _____

Owner and Mailing Address _____

() Additional parcels may be listed and described on reverse side of application.

Print Name of Owner or Agent _____

Signature of Owner or Agent _____

Telephone Number of Owner or Agent _____

Attachments:

- Copy of Deed _____
Copy of Land Contract _____
Copy of Survey _____
Copy of Sketch _____

Approvals:

Meets Zoning Ordinance: Yes ___ No ___

Zoning Official Approval _____

Meets Land Division Act: Yes ___ No ___

Assessor's Approval _____

Outstanding Special Assessments: Yes ___ No ___

Treasurer's Approval _____

If there is an issue in any of the three above areas, that Department Head must contact applicant.

Original to Kent County Property Description & Mapping – Copy to Applicant – Retain copy for file