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

Date Submitted: _____

Applicant Information: (Property Owner(s) as per tax receipt)
General Property Location:
Quarter _____ Section _____ Township _____ N Range _____ W Township Name: _____
Contact information:

Last Name	First Name	Home Phone	Work Phone

Mailing Address	City	State	Zip	Email

Surveyor/Engineer Information:

Name/Company	Address, City, State, Zip	Fax

Current Land Use:
____ Agriculture-crop production ____ Residential (non-farm) ____ Other (describe on back): ____ Vacant
____ Agriculture-pasture/livestock ____ Commercial ____ Farmstead ___ Industrial
Proposed Land Use:
____ Agriculture-crop production ____ Residential (non-farm) ____ Other (describe on back): ____ Vacant
____ Agriculture-pasture/livestock ____ Commercial ____ Farmstead ___ Industrial
Description of Proposed New Structure: _____
Approximate Size of New Lot: _____
Sketch Plan Created by: _____ please attach a narrative description and/or drawing (aerial photo or preliminary plat) of what you are proposing to do with the land noted above.
Access will be described by ___ Plat ___Easement agreement ___ Document of conveyance. (Copy of the agreement or document of conveyance must be attached for our file.)

_____ Yes _____ No If current and proposed land use is agricultural and falls under the subdivision regulations, this plat shall be marked with the ag legend as per chapter 116 of the Zoning Ordinance and subdivision regulations. Discuss and obtain guidance from the Planning and Zoning Administrator. (If marked yes, the plat will <u>not</u> be reviewed by Planning & Zoning Commission, but if the use changes to non-agricultural, the legend will need to be removed as described in the Zoning Ordinance and Subdivision Regulations.)

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.

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 –

Lot or Parcel Name(s) _____
Tax District _____Parcel Identification Number (s) _____
Zoning Administrator Review:
Current Zoning: _____
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 Date

_____
County Auditor 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
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 90 days from date of last office final review, except for a Preliminary.

Revised April 5, 2010