

White County Area Plan Commission

Application for Administrative Subdivision

This Administrative Subdivision is: (mark one)

A division of land, within a residential or agricultural district, into, no more than four (4) additional tracts from the parent tract of which all tracts are in compliance with the minimum lot size of the applicable zoning district classification and with the parent tract remaining at least (5) times the minimum parcel size of the respective zoning district. This category of Administrative Subdivisions is subject to drainage approval by the County Surveyor and shall not involve the establishment of a new road or street.

A division of land for the transfer of a tract or tracts to correct errors in an existing legal description.

A realignment of property line boundaries to correct record keeping errors, errors in legal descriptions or or similar type of administrative or technical errors.

A division of land pursuant to an allocation of land in the settlement of a decedent's estate or a court decree for the distribution of property.

A division of land for federal, state or local government to acquire street right-of-way.*

A division of land for the transfer of a tract or tracts between adjoining lots, which unless incidental to the area, must have a common zoning district.

A division of land into cemetery plots for the purpose of burial of corpses.

A division of recorded lots. (A survey is generally not required – check with Auditor's office.)*

A division of land requested by any local government legislative body or utility operating within the county limits.*

A division of land for the purposes of retaining two or more previously established zoning districts (split zoned parcel) within a single parcel of land.*

Any division of land located entirely within a B-4, General Business Dense Development District. (A survey is generally not required – check with Auditor's office.) *

* fee waived

Required Documentation:

Original Survey of property being conveyed including all structures and distances from structures to property lines plus all structures within fifty (50) feet of property lines on abutting property

Hand drawing (preferably traced from Auditor's books) showing parent tract, division, list of all improvements to be transferred, parcel ID# & Auditor's map #

If applicable:

Approvals from the White County Health Department, appropriate municipality, or the Twin Lakes Regional Sewer District for septic system or sewer hook up.

Approvals from the White County Highway Department, appropriate municipality, or Indiana State Highway Department for the driveway location.

Surveyor:

Regulated Drain: _____ Yes Drainage Permit Req'd ? Yes _____ No _____

 _____ No Drainage Board App?: Yes _____ No _____

(Initial/date)

ORIGINAL SURVEY HAS BEEN STAMPED & SIGNED: _____
(AP Initials)

This Administrative Subdivision: _____ Is approved _____ Is denied

____ Other (explain) _____

Area Plan Signature _____ Date _____ Receipt # _____

Current Owner: _____

Parcel #: _____

Lot # _____ Subdivision _____

of Acres (or sq. ft.) in Parent Tract: _____

Conveying Property To: _____

No of Acres (or sq. ft.) to Be Conveyed: _____

Lot # _____ Add to _____

Location Address/Notes: _____

Note: This form in no way is to be construed to validate the authenticity of the above stated documents

Surveys not filed with the Auditor's Office within 60 days of Area Plan approval will be void.
(Applicant Initial/Date)

The above information and attached exhibits, to my knowledge and belief, are true and correct.

Transactions conducted on behalf of the property owner by an Authorized Agent (Attorney or Title Co.):

Signature of Authorized Agent _____

Name of Authorized Agent & Company (please print) _____

____ Deeds/legal descriptions attached

Transactions conducted by an individual; notarized signature of property owner required.

State of _____)

SS:

County of _____)

Owner's Signature

Owner's Printed Name

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Notary Public Printed Name

County of Residence

My Commission Expires: _____