

Lot Split No. _____

Record by: _____



CLARK COUNTY
OHIO

COMMUNITY & ECONOMIC DEVELOPMENT

3130 East Main St., Springfield, OH 45503, Suite 1A | Phone: 937.521.2160 | Email: communitydevelopment@clarkcountyohio.gov

Lot Split Application (Minor Subdivision)

1/2026

<input type="checkbox"/> <u>Lot Split</u> (less than 5.0 acres) Fee: \$55 per lot	<input type="checkbox"/> <u>Split-Attachment</u> (not creating a new parcel) Fee: \$55 per attachment	<input type="checkbox"/> <u>Land Division</u> (5.0 and greater acres) No Fee
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Property Information

Township _____

Address or

Parcel No. _____

Property Owner

Name _____

Email _____

Phone No. _____

Address _____

Attorney or Agent for the Owner

Name _____

Email _____

Phone No. _____

Address _____

For Lot Splits:

1. Written approval from the Clark County Combined Health District.
2. When required by Thoroughfare Plan: New deed and legal description (signed & sealed by the surveyor) of road right-of-way easement, both preliminary approved by Tax map Office.

For Split Attachments:

1. Size of area to be split and attached: _____ acres
2. Parcel from which land is being split: PID/Address _____
3. Parcel to which land is being attached: PID/Address _____
4. Grantee parcel owner name: _____

For Land Divisions:

I/We acknowledge that lots over 5 acres within an Agricultural District may not be considered buildable lots from a zoning perspective _____ (initial here)

All applications must include the following:

1. New deed in final form to transfer each lot, preliminary approved by Tax Map Office.
2. Written legal description for each lot, sign & sealed by surveyor, & preliminary approved by Tax Map Office.
3. One copy of the survey, signed & sealed by the surveyor, & preliminary approved by Tax Map Office.

I, _____, hereby certify that I am the Owner of Record or that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his/her agent, that we agree to conform to the applicable county regulations, and that all submitted information is truthful to the best of my/our knowledge.	
Signature _____	Date _____

BSA #: _____