

Lyon County Major Subdivision Application

Phone 712-472-8550 Lyon County Assessor's Office 206 S 2nd Avenue Rock Rapids, IA 51246 8:00 am – 4:30 pm M-F
Breckyn Srock, Zoning Administrator email – bsrock@co.lyon.ia.us

Title of Plat: _____

Complete legal description of the property: _____

Has a plat been recorded for this site? () Yes () No

If yes, please provide all book/page and dates of documents referencing this parcel: _____

Current Zoning: _____ Proposed Zoning Change if Necessary: _____

PIN# (List all involved): _____

Property Owner:

Name: _____

Address: _____

City, State, Zip: _____

Phone and/or Contact Number: _____ Fax: _____

Email: _____

Consultant: (surveyor, engineer, etc. person to whom all correspondence will additionally be sent)

Name: _____

Address: _____

City, State, Zip: _____

Phone and/or Contact Number: _____ Fax: _____

Email: _____

Proposed Land Use: (Residential, Commercial, etc) _____

Total Site Area: Acres: _____ Proposed Number of Lots _____

Are there any flood prone soils on the site? () Yes () No

Is there a floodway and/or Special Flood Hazard Area on the site? () Yes () No

Utilities and Services Supplied By:

Water: Community System or Individual Well? _____

Wastewater: Community System or Individual Septic? _____

Water and Septic to be Certified by: _____

Existing and Proposed roads to be Used for Access:

Road Name: _____ Public or Private: _____ Extension? () Yes () No Thoroughfare? () Yes () No

Road Name: _____ Public or Private: _____ Extension? () Yes () No Thoroughfare? () Yes () No

*All roads must adhere to the standards set forth in Article VI of Lyon County Subdivision Ordinance

Additional information about site proposal:

Administration:

All property owners must sign this application unless one or more individuals are specifically authorized to act as an agent on behalf of the collective interest of some or all of the owners (provide a copy of such authorization)

Signature: _____ Date: _____

Signature: _____ Date: _____

The undersigned applicant hereby certifies that, to the best of his or her knowledge and belief, all information supplied with this application is true and accurate.

Signature: _____ Date: _____