REQUEST FOR AN EXEMPT SUBDIVISION LETTER

I/We would like to request a subdivision exemption letter for the Town of Magnolia Springs Subdivision Regulations for the following type division to be made:

Parcel Identification Number: 05 - __ __ - __ __ - __ __ - __ - __ __ __ - __ __ __ -__ __ __

Check the appropriate box:

____\ Subdivision of land by testamentary or interstate provision (death of owner)
____\ Subdivision of land by court order including, but not limited to, judgments or foreclosure [§4.2(a)]
____\ Family division of land (legally related family members: spouse, children, siblings, parents, grandparents, grandchildren, or step-related individuals of the same status

If requesting a family division of land:
Name of person that property is to be deeded to: _____

_____ Spouse _____ Parents _____ Son _____Daughter
_____ Grandchildren _____ Grandparents _____ Siblings _____ Step-related individuals of the same status

NO OTHER RELATIONSHIPS ARE RECOGNIZED FOR THE PURPOSES OF THIS EXEMPTION.

____\ The public acquisition by gift or purchase of strips or parcels of land for the widening or opening of streets for other public uses [§4.2(b)];
____\ The division of land wherein the size of each and every resulting parcel of land equals or exceeds twenty (20) acres, including public rights-of-way and involves no street or other public improvements[§4.2(c)]
____\ The construction of development of roads or buildings on private property to be used for agricultural purposes [§4.2(e)]
____\ A 'one-time' split of a parcel if, and only if, the parcel existed and has not been divided since February 1, 1984 [§4.2(f)];
____\ Common property lines are being moved, no new parcels are to be created.

I certify that to the best of my knowledge, all information supplied with this request is complete and accurate. I acknowledge that failure to submit the above stated information along with this form will result in the request being returned to the undersigned for completion.

Print Name of Property Owner or Authorized Agent:

_____

Signature of Property Owner of Authorized Agent:

_____

Mailing Address (Street No./Name, P.O. Box No., City/State/Zip):

_____

_____

Telephone Number:

_____