



LAND SPLIT APPLICATION

NHD-003

Rev Jan 2015

Page 1 of 1

SECTION I – APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

I certify that I am the owner (or authorized representative of owner) of the property proposed to be split.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

ADDRESS

DATE

CITY

STATE

ZIP

PHONE (CELL NUMBER PREFERRED)

ROAD NAME: _____ BETWEEN _____ & _____
FIRST CROSS STREET SECOND CROSS STREET

SIDE OF ROAD:

TOTAL NUMBER OF:

PLATTED SUBDIVISION?

North South

New Lots: _____

No (attach sketch of proposed land split)

East West

New Access Points: _____

Yes (submit Conceptual Plan prepared by an Engineer)

SECTION II – WORKSHEET/RECOMMENDATION (TO BE COMPLETED BY HIGHWAY DISTRICT)

APPLICATION FEE: Paid Not Paid

85th PERCENTILE SPEED: _____ mph

ROAD NO. _____

SIGHT DISTANCE: Sufficient Insufficient

ROAD SURFACE: Asphalt Gravel Dirt

TRAFFIC VOLUME: _____ ADT

SHARED ACCESS: Yes No

FUNCTIONAL CLASSIFICATION: Arterial

CULVERTS REQUIRED: Yes No

Collector

Other

MEETS ACCESS CONTROL STANDARDS?: Yes No

ADDITIONAL REMARKS/CONDITIONS: (IF NONE, SO STATE)

THIS LAND SPLIT IS:

Recommended for approval,
subject to the above conditions

Not recommended

SIGNATURE – HIGHWAY DISTRICT OFFICIAL

DATE