CITY OF MINNEOLA, FLORIDA
AGGREGATE LOT APPLICATION
(Combining of two or more contiguous lots or parcels)
(Please type or write very clearly)

This Checklist is based on the relevant provisions of Chapter 126 - 3 (c) of the Minneola, FL Code of Ordinances. The Code is available online at www.municode.com. The requirements below are minimums that may be adjusted in the pre-application conference.

Application Review Process

City of Minneola Code of Ordinances Section 126-3(c)

When approving an aggregate lot request, the City Manager or designee shall do so by executing a "Notice of City of Minneola's Approval of Aggregate Lots," which shall provide, among other things, that the lot or parcel, if split in the future, must comply with all applicable criteria for the zoning district in which it is located, and that such split must be approved by the city. The executed "Notice of City of Minneola's Approval of Aggregate Lots" shall be recorded in the public records of Lake County, Florida.

Any Easements that exist along the property line that are to be joined shall be vacated prior to approval.

Submission Requirements

The following information is required for all Aggregate Lot Applications

1 – Legal Description of each Lot or Parcel to be Aggregated [could be on the survey]
1 – 11”x17” Boundary Survey for each Lot or Parcel to be Aggregated [Signed and Sealed]
1 – 11”x17” Proposed Aggregate Lot Boundary Survey [Sign and Seal not required]
1 – Copy of Warranty Deed for each Lot or Parcel to be Aggregated
1 – Copy of the signed and notarized property Owner’s Authorization form (if applicable)

_____

Transmit to:
Planning & Zoning Department, 800 N. U.S. Hwy 27, Minneola, FL 34715
Phone: 352-394-3598, ext 221

Fax or e-mail submissions are not acceptable.

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(Please type or write very clearly)

Applicant Name: _____

Applicant Address: _____

_____

Applicant Phone #: _____ Fax # and/or E-mail: _____

Applicant Is: Owner: ____ Agent: ____ Purchaser: ____ Lessee: ____ (check one)

General Location and/or Street Address: *(If more than 3 properties continue on back of page)*

A). _____

B). _____

C). _____

Alternate Key Number(s): *(If more than 3 properties continue on back of page)*

A). _____ B). _____ C). _____

Subject Site Area(s) (acres or sq. ft.): *(If more than 3 properties continue on back of page)*

A). _____ B). _____ C). _____

Zoning Designation(s): *(If more than 3 properties continue on back of page)*

A). _____ B). _____ C). _____

Subject Site Future Land Use Designation(s): *(If more than 3 properties continue on back of page)*

A). _____ B). _____ C). _____

Present Use(s) (inc. sq. ft. of structures): *(If more than 3 properties continue on back of page)*

A). _____

B). _____

C). _____

Proposed Use(s): *(If more than 3 properties continue on back of page)*

A). _____

B). _____

C). _____

CITY OF MINNEOLA, FLORIDA
AGGREGATE LOT APPLICATION (cont'd)

CONTACT LIST

Owner Name: _____

Owner Address: _____

Owner Phone #: _____ Fax # and/or E-mail: _____

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Designated Project Contact Name: _____

Contact Address: _____

Contact Phone #: _____ Fax # and/or E-mail: _____

****

Engineer Name: _____ Registration #: _____

Engineer Address: _____

Engineer Phone #: _____ Fax # and/or E-mail: _____

****

Architect Name: _____ Registration #: _____

Architect Address: _____

Architect Phone #: _____ Fax # and/or E-mail: _____

****

Landscape Architect Name: _____ Registration #: _____

L. Architect Address: _____

L. Architect Phone #: _____ Fax # and/or E-mail: _____

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CERTIFICATION

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I further understand that I am responsible to reimburse the City for the actual advertising costs **AND** the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

_____
Applicant Signature

_____
Date

OWNER'S APPLICATION AUTHORIZATION

(Required if the property owner of record is not the applicant)

STATE OF FLORIDA
COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____ who being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcel(s) in this application.

2. That he/she desires to apply for a Lot Split of the parcel(s) generally located at

   _____

3. That he/she has appointed _____ to act as agent in his/her behalf to accomplish the above.

_____
Owner's Signature

This is to certify that on _____, 20_____ Before me,
An officer duly authorized to take acknowledgments in the State and County Aforesaid,

Personally appeared _____ he/she is

personally known to me or has produced _____ as identification and Did (Did Not) Take an Oath.

SEAL

_____
Signature of Acknowledger

_____
Acknowledger Name

_____ _____
Serial Number My Commission Expires