



City of Minneola
Planning Department
800 N Highway 27, Minneola, FL 34715
(352) 394 – 3598 x172

Lot Split Application

Applicant Name: _____

Applicant Address: _____

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

Applicant Is: Owner: Agent : Purchaser: Lessee: (ck one)

General Location and/or Street Address: _____

Alternate Key Number(s): _____

Subject Site Area (acres or sq. ft.): Zoning Category: _____

Present Use (inc. sq. ft. of structures): _____

Proposed Use: _____

Source of Potable Water: _____

Has any previous application been filed within the last two years in connection with the subject parcel?
If Yes, Briefly describe the nature of this request, including the approximate date of the request.

Office use only

Project Name: _____

Application Fee: _____ \$250.00 Receipt #: _____

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola
Lot Split Application Cont.

Contact List

Owner Name: _____

Owner Address: _____

Owner Ph. #: _____ E-mail Address: _____

Project Manager: _____

Manager Address: _____

Manager Ph. #: _____ E-mail Address: _____

Engineer Name: _____ License #: _____

Engineer Address: _____

Engineer Ph. #: _____ E-mail Address: _____

Architect Name: _____ License #: _____

Architect Address: _____

Architect Ph. #: _____ E-mail Address: _____

Landscape Architect Name: _____ License #: _____

L. Architect Address: _____

L. Architect Ph. #: _____ E-mail Address: _____

City of Minneola
Lot Split Application Cont.

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

City of Minneola
Lot Split Application Cont.

Owner's Authorization
(required if the property owner is not the applicant)

STATE OF FLORIDA
COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____

who is being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcels in this application.
2. That he/she desires to apply for a lot split of the parcels 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 acknowledgements in the State and County aforesaid, personally
appeared _____ he/she is personally know 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