

CITY OF MINNEOLA, FLORIDA
APPLICATION FOR A LOT SPLIT
(Division of a parent parcel into two pieces)
(Please type or write very clearly)

Applicant Name: _____

Applicant Address: _____

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

Applicant Is: Owner: Agent : Purchaser: Lessee: Optionee: (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?

No: If Yes, Briefly describe the nature of this request, including the approximate date of the request.

**CITY OF MINNEOLA, FLORIDA
APPLICATION FOR A LOT SPLIT (cont'd)**

CONTACT LIST

Owner Name: _____

Owner Address: _____

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

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: _____

**CITY OF MINNEOLA, FLORIDA
APPLICATION FOR A LOT SPLIT (cont'd)**

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 understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs AND the actual consultant's 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.

Applications need to be submitted by the 1st of the month to be considered at the next Planning & Zoning Commission meeting. Any and all supporting documents that need to be reviewed by the Commission need to be submitted by the 15th of the same month to be included in the packet for review.

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

Applicant Signature

Date

(For Office Use)

Project Name: _____

Application Fee In The Amount Of \$250 Rec'd : _____ Receipt #: _____

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