

**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.

\_\_\_\_\_

\_\_\_\_\_

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**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: \_\_\_\_\_

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Engineer Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Engineer Address: \_\_\_\_\_

Engineer Phone #: \_\_\_\_\_ Fax # and/or E-mail: \_\_\_\_\_

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Architect Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Architect Address: \_\_\_\_\_

Architect Phone #: \_\_\_\_\_ Fax # and/or E-mail: \_\_\_\_\_

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Landscape Architect Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

L. Architect Address: \_\_\_\_\_

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

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**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 1<sup>st</sup> 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 15<sup>th</sup> 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 #: \_\_\_\_\_

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**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