

# APPLICATION FOR LOT SPLIT OR LOT RECONFIGURATION

## SEMINOLE COUNTY DEVELOPMENT REVIEW DIVISION

1101 East First Street, Sanford FL 32771

(407) 665-7331

[www.seminolecountyfl.gov](http://www.seminolecountyfl.gov)

### Is this application for:

Lot Split Inquiry Only

Lot Split Approval

Lot Line Reconfiguration

Review of non-permitted subdividing of land

### The following conditions must exist in order to split a parcel under this process per Seminole County Land Development Code Sec 35.2:

- The property must be a parcel of record prior to July 28, 1970. *(may not be applicable to lot line reconfiguration)*
- Created parcels (lots) must have frontage on a public right-of-way. *(20' of frontage for each lot)*
- Newly created parcels must meet all zoning requirements, including minimum buildable lot area above the 100 yr. Flood prone elevation, lot width, etc.
- Existing structures must meet the minimum setback requirements after the split without a variance.

### Submit the following:

- Review Fee \$110.00
- Sketch of property locating any existing structures and/or sketch of proposed land split locating any existing structures.
- A dated copy of School Impact Analysis submitted to the School Board. **(for final land split approval)**
- Survey of property to be split locating any existing structures. **(for final land split approval)**
- A complete legal description of the property to be split. **(for final land split approval)**
- Legal description and sketch of newly created parcels. **(for final land split approval)**
- Topographical Survey signed and sealed by an authorized land surveyor may be required based on the amount of property that lies within the 100 yr Flood Plain as determined by FEMA maps.
- Owner's affidavit and, if applicable, an Agent's affidavit. **(for final land split approval)**

### OWNER INFORMATION: Check if primary contact.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

### SITE INFORMATION:

Parcel ID#

-  -  -  -  -

Property Address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Total Parcel Acres: \_\_\_\_\_

Source of water and sewer: \_\_\_\_\_

Well

Septic

*(Name of utility company or check if onsite well or septic)*

**Submission of incomplete applications may create delays in review and approval.**

Owner's signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date in: \_\_\_\_\_

Project No: \_\_\_\_\_

Project Manager: \_\_\_\_\_

ROUTE TO:  Project Manager  Utilities  Addressing (APPROVAL ONLY)

SEMINOLE COUNTY  
**APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

Please provide the information as requested below in accordance with Ordinance No. 07- \_\_\_\_\_:

1. List all natural persons who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

(Use additional sheets for more space.)

2. For each corporate owner, list the name, address, and title of each officer of the corporation, the name and address of each director of the corporation, and the name and address of each shareholder who owns 2% or more of the stock of the corporation. Shareholders need not be disclosed as to corporations whose shares of stock are traded publicly on any national or regional stock exchange.

Name of Corporation: _____	Name of Corporation: _____
Officers: _____	Officers: _____
Address: _____	Address: _____
Directors: _____	Directors: _____
Address: _____	Address: _____
Shareholders: _____	Shareholders: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

3. In the case of a trust, list the name and address of each trustee and the name and address of the beneficiaries of the trust.

Name of Trust: _____	Beneficiaries: _____
Trustees: _____	Address: _____
Address: _____	_____

(Use additional sheets for more space.)

**SEMINOLE COUNTY  
APPLICATION AND AFFIDAVIT**

4. For partnerships, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners.

Name of Partnership: _____	Name of Partnership: _____
Principal: _____	Principal: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

5. In the circumstances of a contract for purchase, list the name of each contract vendee, with their names and addresses, the same as required for corporations, trust, or partnerships. In addition, the date of the contract for purchase shall be specified along with any contingency clause relating to the outcome of the consideration of this petition.

Contract Vendee:	Contract Vendee:
Name: _____	Name: _____
Address: _____	Address: _____

(Use additional sheets for more space.)

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.

7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

_____ Date	_____ Owner, Agent, Applicant Signature
---------------	--

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_  
\_\_\_\_\_.

_____ Signature of Notary Public	_____ Print, Type or Stamp Name of Notary Public
-------------------------------------	---

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

<b>For Use by Planning &amp; Development Staff</b>	
Date: _____	Application Number: _____