



City of Alachua Lot Split Application

FOR OFFICE USE ONLY Filing Date: _____ Acceptance Date: _____ Signature of Approval: _____
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Reference City of Alachua Land Development Regulations Article 2.4.10(B)(3)

All interested parties must discuss exemption criteria with the Planning & Community Development Department prior to submittal of this application.

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s): _____
4. Future Land Use Map Designation: _____
5. Zoning Designation: _____
6. Acreage: _____
7. Existing Use of Property: _____

B. APPLICANT

1. Applicant's Status Owner (title holder) Agent
2. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ Fax: (____) _____ Email: _____
3. If the applicant is agent for the property owner*:
 Name of Owner (title holder): _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

1. Is there any additional contact for sale of, or options to purchase, the subject property? Yes No
 If yes, list names of all parties involved: _____
 If yes, is the contract/option contingent or absolute? Contingent Absolute

D. ATTACHMENTS

1. Materials to support that the proposed action is consistent with the Comprehensive Plan and Land Development Regulations.
2. An aerial map of the subject property, indicating its location and showing the surrounding vicinity.
3. Legal description with tax parcel number.
4. Land Description of Lot 1 and Lot 2 to be created. Description must be either a survey or scaled drawing, and must depict the location of all recorded easements, the area (in square feet) and dimensions of each lot/tract to be created.
5. Legal description for Lot 1 and Lot 2 to be created.
6. Proof of ownership.
7. Copy of warranty deed to show current ownership.
8. Proof of payment of taxes.

All 8 attachments are required for a complete application. A review of the application will be conducted within 5 business days of receipt. If the application is determined to be incomplete, the application and fee will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge. I/We understand that not further division of the land included as part of this application will be permitted under this section. If further divisions are desired, a subdivision must be prepared and submitted in accordance with Section 2.4.10 of the City of Alachua Land Development Regulations.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____

_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

Office Use Only:	
Review Date: _____	
FLUM: _____	Zoning District: _____
Tax Parcel Number: _____	
Setbacks: F____R____SR____SL____	Flood Zone: _____ BFE____ FFE____
Would the proposed action create any flag lot(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Lot(s) meet dimensional criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Services Utility Locations Map Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Located in Wellfield Protection Zone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments/Conditions of Approval: _____	

Sign and fill in the box located at the top right corner of page one (1).	