



FOR OFFICE USE ONLY	
Case #:	_____
Application Fee: \$	_____
Filing Date:	_____
Completeness Date:	_____
Review Type:	Admin

Lot Split Application

Reference City of Alachua Land Development Regulations (LDRs) Section 2.4.10(B)(3)

All interested parties must discuss exemption criteria with the Planning & Community Development Department prior to submitting 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 an executed Authorized Agent Affidavit or other acceptable documentation (as deemed acceptable by the City in its sole discretion) 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 dimensional criteria applicable to the property as set forth in the City's Comprehensive Plan and Land Development Regulations (i.e., minimum lot area, minimum lot width, lot depth, density, etc.).
2. An aerial map of the subject property, indicating its location and showing the surrounding vicinity.

3. Legal description with tax parcel number.
4. Boundary Sketch or Boundary Survey of Lot 1 and Lot 2 to be created. Boundary Sketch or Boundary Survey must depict the location of all recorded easements, the area (in square feet) of each lot/tract to be created, and the dimensions lots lines and easement lines.
5. Legal description of Lot 1 and Lot 2 to be created.
6. Proof of ownership (i.e., copy of deed).
7. Proof of payment of taxes.
8. **Fee.** Please see fee schedule for fee determination. No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any costs associated with outside professional consulting services deemed necessary by the City in its sole discretion will be billed to the applicant at the rate of the consultant. The invoice for such services shall be paid in full prior to any public hearing(s) on the application.

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.

Under penalty of perjury, 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 no further division of the land included as part of this application will be permitted under this section. If further divisions of the land included as part of this application, a subdivision application must 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 and title of co-applicant

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online

notarization, this _____ day of _____, 20____, by _____ who

executed the same and has _____ produced _____ as identification or _____

is personally known to me.

Signature of Notary

Print Name: _____

Notary Public, State of Florida

My Commission Expires: _____