



FAMILY HEIR 2.1.9 SUBDIVISION APPLICATION

Revised 4/4/24

APPLICATION FEE: \$900



**Department of Development Support &
Environmental Management**
435 North Macomb St., 2nd FL
Tallahassee, Florida 32301
Phone: (850) 606-1300

Date: _____

Tax Parcel I.D. Number: _____
(If not known, contact the Leon County Property Appraiser's Office at 488-6102)

Parcel Size (In Acres): _____

Parcel Street Address (If Any): _____

Number of Existing Homes On-Site: _____

Proposed Number of Lots: _____

Applicant Information:

Name (Please Print): _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

Email Address: _____

Agent Information:

Name (Please Print): _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

Email Address: _____

This Property is (or will be) served by (Check All That Apply):

Sewage Disposal: Septic Tank Talquin Sanitary Sewer City of Tallahassee (COT) Sanitary Sewer

Water System: Private Water Well Talquin Water City of Tallahassee Water

(For information on the availability of sanitary sewer and/or potable water, please contact the COT Utilities at (850) 891-6155 or Talquin Electric at (850) 878-4414.

The undersigned acknowledges that once an application has been approved by the Development Services Division, an Affidavit for Policy 2.1.9 Subdivision must be signed and notarized by all property owners and recorded with new deeds and boundary surveys for the subdivision in the official records of the Clerk of the Circuit Court. A Policy 2.1.9 Subdivision is subject to Leon County Land Development Regulations including, but not limited to, environmental constraints, zoning, and concurrency management.

I certify that I am the owner, or duly appointed agent of the owner, of the property referenced above to be subdivided and that the property conveyed is for homestead purposes only for a period of no less than two (2) years. I understand that subdivision approval does not grant exemption from any other ordinance or regulations governing the development process.

I understand that the property referenced above will be visited during the performance of the Natural Features Inventory, and hereby grant permission.

Owner: _____ Date: _____

Agent: _____ Date: _____

Submittal Requirements:

1. Signed, sealed surveys drawn to scale by a licensed State of Florida registered surveyor on legal size paper (8½" x 14") showing the proposed subdivision and containing the following:
 - a. legal access to each lot (40' wide minimum labeled ingress/egress/utility easement if not on County maintained road);
 - b. lot numbers;
 - c. legal descriptions for each newly created lot and all required access easements;
 - d. the approved Natural Features Inventory (NFI) with all conditions or notes on final site plan;
 - e. conservation/preservation areas (if applicable) as approved in the preliminary environmental and subdivision review; and,
 - f. a copy of approval letter for the issued Environmental Management Permit (if required) prior to 2.1.9 approval.
2. A completed Family Heir Policy 2.1.9 Subdivision application and payment of the \$900 application fee.
3. Completed Family Heir Property Affidavit(s).
4. Sealed survey and legal description on legal size paper (8½" x 14"), by a licensed State of Florida registered surveyor, of the existing parcel.
5. Completed Leon County Affidavit of Ownership & Designation of Agent form (both pages) acknowledging ownership and agent authorization.
6. Completed Concurrency Fee Worksheet with the concurrency fee included.
7. Copy of the subject parcel's recorded warranty deed.
8. Documentation of legal access to the subject parcel. If parcel is not on a public road, provide a copy of the recorded legal ingress/egress easement with this application showing the recorded transfer of the easement to the owner of the property in this request. **Proposed legal access must be a minimum of 40-feet wide and labeled "ingress/egress/utility easement".**
9. The application for subdivision or additional dwelling unit pursuant to subsection 10-7.202.2, shall include covenants and restrictions to be executed by the applicant and the chair of the Development Review Committee, on the behalf of Leon County, which shall be recorded in the Clerk of the Court's records, restricting transfer and regulating the development of the property to comply with the limitations of subsection 10-7.202.9. The covenants and restrictions shall be enforceable by Leon County. The covenants and restrictions may be amended by the Board of County Commissioners, as necessary, to otherwise provide for the transfer or permitting in the case of the death or institutionalization of the originally intended heir.
10. Please be advised that, according to Florida Statute 197.192, all property taxes shall be paid prior to the final approval and recording by the Clerk of the Court in the public records of the County any proposed subdivision of land, or declaration of condominium of land. Therefore, tax receipts or other documentation from the Leon County Tax Collector's Office must be provided with this submittal to demonstrate compliance with Florida Statute 197.192. Should you have any questions regarding compliance with this Statute, please contact the Leon County Tax Collector's Office at (850) 488-4735.



HEIR PROPERTY AFFIDAVIT

**LEON COUNTY
DEPARTMENT OF DEVELOPMENT SUPPORT AND ENVIRONMENTAL MANAGEMENT
DEVELOPMENT SERVICES DIVISION
435 NORTH MACOMB STREET, 2nd FLOOR
TALLAHASSEE, FL 32301
(850) 606-1300**

**STATE OF FLORIDA
COUNTY OF LEON**

Comes now the affiant _____, and being duly sworn, deposes and says as follows:

I wish to subdivide a parcel of property described as: _____

_____ for purposes of conveying a portion of the property solely as a homestead to my heir, _____, who is my grandparent, parent, stepparent, adopted parent, sibling, child, step child, adopted child, or grandchild. I understand that the subdivision will be unlawful and void if it is determined that _____ is not my heir.

Dated this _____ day of _____, 20____.

Affiant's Signature

**STATE OF FLORIDA
COUNTY OF LEON**

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this _____ day of _____, 20____, by _____, who is personally know to me, or who has produced _____ as identification and who did (did not) take an oath.

Signature of Notary/Deputy Clerk

Type or Print Name