

LEX# _____



CREATION OF EQUAL OR LARGER PARCELS APPLICATION

APPLICATION FEE: \$756



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

Parcel Identification Numbers (Tax IDs) of all properties involved:

Parcel #: _____	Owner/s: _____
Parcel #: _____	Owner/s: _____
Parcel #: _____	Owner/s: _____
Parcel #: _____	Owner/s: _____
Parcel #: _____	Owner/s: _____
Parcel #: _____	Owner/s: _____

Designated Agent (must be listed as the designated agent on all Affidavit of Ownership forms): Name &

Affiliation: _____

Address: _____

Telephone #: _____ Email Address: _____

The following information must be submitted with the application:

1. A completed Affidavit of Ownership form for each property owner acknowledging ownership and providing agent authorization for the submission of the application.
2. A boundary survey (legal size, 8½” x 14”), signed and sealed by a surveyor registered in the State of Florida, of the existing and proposed parcel configurations, and containing the following information:
 - a. All parcel numbers and respective acreages;
 - b. Documentation of legal access from each lot to a publicly maintained roadway. If the parcels are not on a public road, provide a copy of the recorded legal ingress/egress easement(s) with this application showing the recorded transfer of the easement to the owner(s) of the property(ies) in this request;
 - c. The location of all recorded easements (access, utilities, drainage, etc.) on the properties, including recording information. **Utility easements may be required for the property and it is advised to speak with the utility provider in advance of submitting an application;**
 - d. The location of all existing improvements including structures, driveways, wells, and septic systems;
 - e. Setback information for all improvements from property lines; and
 - f. The 100-year floodplain location or a document stating the subject property is located in Flood Zone X. If the subject property is located in a flood zone, show the line(s) on the survey and place a statement on the drawing indicating which flood zones are present on the property.
3. Legal descriptions for each existing and proposed lot adjusted and any required access easements, signed and sealed by a surveyor registered in the State of Florida.
4. Tax receipts or other documentation from the Leon County Tax Collector's Office must be provided with this submittal to demonstrate that property taxes are not owed on the parcels subject to this application.

The undersigned agent acknowledges that once the application has been determined approved by the Development Services Division, an Affidavit for Creation of Equal or Larger Parcels must be signed and notarized by all property owners and recorded in the official records of the Clerk of Circuit Court with new deeds and a boundary survey for the proposed boundary adjustment.

Agent Signature

Date

Print Name

Approved as to form:
Leon County Attorney's Office
Suite 217, 301 South Monroe St.
Tallahassee, FL 32303



Applicant's Affidavit of Ownership & Designation of Agent

Leon County
Board of County Commissioners
Department of Development Support &
Environmental Management
435 North Macomb St.
Tallahassee, FL 32301
Phone#: (850) 606-1300
Fax#: (850) 606-1301

Date: _____

I. OWNER INFORMATION

OWNER'S (S') NAME :

OWNER'S (S') ADDRESS:

CITY:

COUNTY:

STATE:

ZIP CODE:

PARCEL I.D.# (For each additional parcel, a separate affidavit form is required):

II. DESIGNATION OF APPLICANT'S (S') AGENT

As the owner(s) of the above-designated property and the applicant(s) for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address and concerning approval(s) and permit(s) required by Leon County. In authorizing the agent named below to represent me or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrence for the parcel; limited to obtaining a land use compliance certificate; etc.).

Agent's Signature: _____

III. NOTICE TO OWNER(S)

Application is hereby made to obtain approval(s) and permit(s) to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and development of land in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, air conditioners, etc. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

All changes in ownership and applicant's agent prior to issuance shall require a new affidavit. If ownership changes, the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

Deed Restrictions and Covenants

Prior to pursuing a permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

_____ Owner's Initials

Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(d) Subparagraphs a.-r. exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children.

Do you or your spouse fall into one of these protected categories? Yes _____ No _____

If yes, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes _____ No _____

The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department.

_____ Owner's (s') Initials

Access to Property

By submitting this application, I (we) am (are) providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Section 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence, no further permission will be required.

_____ Owner's (s') Initials

Modifications

Any changes to the limits of clearing, structure location/orientation, elevations, or drainage patterns shown on the approved plans may require additional review and new approval by Leon County.

_____ Owner's (s) Initials

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I (we), _____, certify that I (we) am (are) the owner(s), as defined by Sections 10-1.101 or 10-4.201(a) of the Leon County Code of Laws, of the property described herein.

OWNER SIGNATURE (1):

OWNER SIGNATURE (2):

NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED

STATE OF:

COUNTY OF:

For an individual or individuals acting in his, her or their own right; or

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____, who is personally known to me or who has produced _____ as identification.

(name of person acknowledging)

(type of identification produced)

For Corporation or Governmental Entity; or

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____ as _____ of _____, a _____ corporation, on behalf of the _____ corporation. He/she is personally known to me or has produced _____ as identification.

(name of officer or agent, title of officer or agent)

(office held)

(name of corporation)

(state)

(type of identification produced)

For Partnership

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____ partner on behalf of _____, a partnership. He/she is personally known to me, or has produced _____ as identification.

(name of acknowledging partner)

(name of partnership)

(type of identification produced)

Notary Seal

Signature of Notary

Print Name of Notary

Title or Rank