



# The Department of Planning, Zoning, and Development Lot Requests Application

A pre-application meeting is **strongly encouraged** prior submitting your application.

Please complete the following application and provide plans and surveys as requested below. Please attach additional sheets or plans as needed. Please contact the Planning Administrator at 386-668-2040 x 317 for questions regarding this application.

APPLICANT	OWNER
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-Mail Address: _____	E-Mail Address: _____
Contact Person: _____	Contact Person: _____

Applicant is:  Owner  Attorney for Owner\*  Agent for Owner\*  Contract Purchaser\*

Pre-Application Conference held on \_\_\_\_\_

### PROJECT INFORMATION

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

Address of parcel: \_\_\_\_\_

Parcel ID Number(s): \_\_\_\_\_

Size of parcel: \_\_\_\_\_

Existing zoning: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

#### TYPE OF APPLICATION: (Check one)

- LOT COMBINATION** – to combine lots for taxes purposes and/or a building site
- EXEMPT LOT COMBINATION** – a combination of lots by a prior building permit
- LOT LINE ADJUSTMENT** - to move an existing lot line  
(If the combination/adjustment is between two or more property owners, then the proper conveyances must be filed of record prior to final approval)
- LOT SPLIT** – per Sec. 4-41 (C) (3), LDC

Utility:  Private Septic/Well by \_\_\_\_\_  Central Sewer/Water by \_\_\_\_\_  
 Other by \_\_\_\_\_

**\*If you are not the property owner, you must have the owner complete the Notarized Authorization of Owner form.**



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APPLICATION WILL NOT BE ACCEPTED UNLESS ALL OF THE FOLLOWING ARE ATTACHED:

- Fee** \_\_\_\_\_, **Check #** \_\_\_\_\_ (All deposits & fees should be made payable to the City of DeBary **Please provide a breakdown of fees**)
- 1 Signed and Notarized Development Reimbursement Form if applicable.
- 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
- 2 Sets: **Signed and sealed surveys** of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
- For 10 acres and greater lots – the survey sketch must show flood plain, wetlands and legal access (existing or proposed).

**NOTE:** Prior to submitting this application, it is advised that you contact the Health Department for information on septic tank permitting requirements.

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**STAFF USE ONLY**

Planner's Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  Notifications Discussed  
Date Submitted: \_\_\_\_\_ Taken By: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. /p.m.

Violation(s): _____
PA Meeting Date: _____
EMD Required: YES NO
N/C Lot Letter Required: _____
Other: _____