



SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771
(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV

LOT SPLIT / LOT LINE RECONFIGURATION

CONDITIONS

The following conditions **must** exist in order to **split** a parcel under this process per Seminole County Land Development Code Section 35.2:

- The property must be a parcel of record prior to July 28, 1970.
- Created parcels (lots) must have frontage on a public right-of-way. (20' of frontage for each lot)
- Newly created parcels must meet all zoning requirements, including minimum buildable lot area above the 100 year flood prone elevation, lot width, etc.
- Existing structures must meet the minimum setback requirements after the split without a variance.
- **INFORMATIONAL:** Your mortgage may be affected by splitting or reconfiguring your property

REQUIRED ATTACHMENTS

INQUIRY

- Application
- Application fee of \$250.00 (will be applied towards approval fee if completed within 1 year)
- Sketch of property locating any existing structures and/or sketch of proposed land split locating any existing structures

FINAL APPROVAL

- Application
- Application fee of \$250.00 (unless a lot split/reconfiguration inquiry has been completed within 1 year)
- Signed and sealed survey of property to be split locating any existing structures
- Complete legal description of the property to be split or reconfigured
- Legal description(s) and sketch of newly created parcels
- **Lot Split ONLY:** Dated copy of School Impact Analysis submitted to the School Board
 - Contact Richard Leblanc at (407) 320-0560 or lebanrz@scps.k12.fl.us
- **Lot Line Reconfigurations ONLY:** Applicant will be responsible for recording the new Deeds and Sketch of Description for the lot line reconfiguration with the Seminole County Clerk of the Courts Land Records Division.

APPLICATION DELIVERY METHODS

Completed forms and all of the **required attachments** may be sent via:

- **Hand delivery or mail:** Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **E-mail:** plandesk@seminolecountyfl.gov



SEMINOLE COUNTY
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 1101 EAST FIRST STREET, ROOM 2028
 SANFORD, FLORIDA 32771
 TELEPHONE: (407) 665-7371
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PROJ. #: _____

LOT SPLIT / LOT LINE RECONFIGURATION

APPLICATION TYPE/FEE

<input type="checkbox"/> LOT SPLIT INQUIRY	\$250.00
<input type="checkbox"/> LOT SPLIT APPROVAL	\$250.00 (WAIVED IF INQUIRY APPROVED WITHIN 1 YEAR)
<input type="checkbox"/> LOT LINE RECONFIGURATION INQUIRY	\$250.00
<input type="checkbox"/> LOT LINE RECONFIGURATION APPROVAL	\$250.00 (WAIVED IF INQUIRY APPROVED WITHIN 1 YEAR)

PROPERTY

PARCEL ID #(S):		
PROPERTY ADDRESS(S):		
WATER:	<input type="checkbox"/> SEMINOLE COUNTY	<input type="checkbox"/> WELL <input type="checkbox"/> OTHER: _____
SEWER:	<input type="checkbox"/> SEMINOLE COUNTY	<input type="checkbox"/> SEPTIC <input type="checkbox"/> OTHER: _____
ZONING:	FUTURE LAND USE:	
LOT 1 ACREAGE:	LOT 2 ACREAGE:	TOTAL ACREAGE:

OWNER

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

APPLICANT **IF YOU ARE NOT THE PROPERTY OWNER, ATTACH A COMPLETED OWNER AUTHORIZATION FORM**

NAME:	COMPANY:
ADDRESS:	
CITY:	STATE: ZIP:
PHONE:	EMAIL:

 SIGNATURE OF OWNER/AUTHORIZED AGENT

 DATE

STAFF USE ONLY

PM:	REC'D DATE:	COMMENTS DUE:
<input type="checkbox"/> PROP. APPRAISER SHEET(S)	<input type="checkbox"/> PRIOR REVIEWS/APPROVALS:	
ZONING:	WATER:	LOCATION:
FLU:	SEWER:	
BCC:	ACREAGE:	

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, _____, the owner of record for the following described property (*Tax/Parcel ID Number*) _____ hereby designates _____ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

Date

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner*),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

Notary Public