

City of Punta Gorda, Florida



ZONING & CODE COMPLIANCE

326 West Marion Avenue
 Punta Gorda, Florida 33950
 941-575-3352 Telephone
 941-575-3310 Fax
zoning@pgorda.us
pgcode@pgorda.us

LOT SPLIT APPLICATION

Date Received	LOT-	<input type="checkbox"/> \$100.00 Application Fee
---------------	-------------	---

<input type="checkbox"/> ORIGINAL application with Signed & Notarized Lot Split Application and/or Affidavit Authorization for Agent (if applicable) <input type="checkbox"/> A copy of the deed or other evidence of ownership <input type="checkbox"/> Date applicant met with a representative of the Urban Design Staff prior to the submission of application? _____	<input type="checkbox"/> Survey of the property (Signed & Sealed) Date of Survey? _____ (within 12 months of application) TOTAL ACERAGE OF PROPERTY _____ Survey must show existing lot and survey of each new lot or parcel showing proposed simple lot spit Square Footage _____ <input type="checkbox"/> Boundary survey of platted lots (lands)
---	---

A simple lot split is applicable when the owner of the land wishes to subdivide a lot or parcel one time, without platting, into two (2) lots, provided that both lots conform, without the necessity of variance, to all requirements of the appropriate zoning category, and provided that both parcels have frontage on a public street.

This application contains all required supplemental data and information that must be completed in accordance with the specific instructions in the application and returned to the Zoning & Code Compliance Division for processing.

Applicant Information

Name:			
Address:	City:	State:	Zip:
Phone:	Email address		

Authorized Agent –(if applicable – Property Owner must sign AGENT Affidavit below)

Name:			
Address:	City:	State:	Zip:
Phone:	Email address		

Land Surveyor

Name:			
Address:	City:	State:	Zip:
Phone:	Email address		

Property Address / Street Name

Address:	City:	State:	Zip:
----------	-------	--------	------

Legal Description of Property (Attach separate sheet if necessary)

--	--	--	--	--

Parcel ID /Account #	Lot #	Block#	Section	Total Sq. Feet

	Lot A	Lot B
Any existing structures located on the property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Zoning:		
Required Minimum Lot width at street:		
Proposed Lot width at street:		
Required Minimum Lot Width at building Line:		
Proposed Lot Width at Building Line:		
Required Minimum Lot Area Allowed:		
Proposed Lot Area:		
Road abutting this property which qualifies as road frontage:		
Are there any Variances/Special Exceptions applicable to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Explain:		
Development Review Committee (DRC) Review and date, if applicable:		

Staff Approved Staff Denied

I have reviewed the proposed lot split and confirm this is a legal split according to the surveys attached hereto File # _____ dated _____ by _____

Comments: _____

Approved by: _____ Date _____

Once approved take copy of City approval and surveys to Charlotte County Real Property Division to have the individual parcel ID numbers assigned. Located at: 3rd Floor Murdock Administration Office - Open 8-12 and 1-5 daily – Monday thru Friday

AFFIDAVIT		
_____ Signature of Owner or Authorized Agent	_____ Print Name & Title	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)		
I/We _____, property owner(s), hereby authorize _____ to act as Agent on our behalf regarding a <u>LOT SPLIT APPLICATION</u> on the property commonly known as _____ in Punta Gorda, Florida.		
_____ Signature of Property Owner	_____ Print Name of Property Owner	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)