

**GILCHRIST COUNTY
APPLICATION FOR RESUBDIVISION (REPLAT),
LOT SPLIT, OR LOT COMBINATION**

209 SE First Street
Trenton, FL, 32693
Phone: (352) 463-3127 Fax: (352) 463-3189

FEE - \$50.00

This application should only be used for lot combinations or a lot split or property line adjustment involving no more than 2 existing parcels. This process does not supercede platting requirements as outlined in Chapter 177, Florida Statutes or Article 5 of the Land Development Regulations.

Date: _____

Name of Applicant: _____

Phone: _____

Address of Applicant:

Owner of Land to be Combined or Split: _____

Address of Owner:

Phone: _____

Land to be Combined or Split (Attach additional sheets if needed):

Parcel ID# _____

Parcel ID# _____

Property Access is by the following:

___ Easement

___ County Maintained Paved Road _____ (road name)

___ County Maintained Dirt/Limerock Road _____ (road name)

___ Private Road

Documentation required:

1) Survey showing existing property lines and proposed property lines (must be completed by a licensed and registered land surveyor).

Affidavit

I (we) certify that all of the above statements and statements contained in any papers or plans submitted herewith are true and correct to the best of my (our) knowledge and belief.

Signature of Applicant

Date

Signature of Applicant

Date

If the property owner did not complete and file this application, then the following section must be completed:

I(we), _____, owner(s) of the real property described in this application, hereby authorize, _____ to act as my (our) agent in all matters related to this application for a Lot Split, in connection with the real property I(we) own in Gilchrist County, Florida, as described in the application documentation.

Dated this _____ day of _____, 20____.

Owner Signature: _____

Printed Name: _____

OFFICE USE ONLY

I have inspected the documentation attached hereto and have determined that the land requested to be

_____ combined
_____ split

Current Land Use _____

___ Is in compliance with present land use requirements. ___ Is NOT in compliance.

Notes:

Authorized Signature
Planning Department

Date