



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Application for Resubdivision (Replat), Lot Split, or Lot Combination

Fee \$50

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

Recorded Deed Requirements

For lot split applications, the following items will need to be included following the legal description of the parcel, on your deed:

Tax Parcel I.D. Number:

This deed is being given in accordance with the Gilchrist County Modified procedure for lot splits under Land Development Regulation 10.07.04.

Both Grantors and Grantees hereby affirm to Gilchrist County that they shall not further subdivide or split the property described herein. Any further Division shall be deemed a subdivision and shall comply with all platting requirements of the Gilchrist County Land Development code.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

Required Items to be submitted with application

- Survey showing existing property lines and proposed property lines
- Survey of proposed property lines
- Recorded deed showing ownership



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Owner Information		
Property Owner Name(s):		
Mailing Address:		
City:	State:	Zip:
Contact phone number:		
E-mail:		
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:		
Property to be combined or split		
Parcel Number:		
Property accessed by: <input type="checkbox"/> Easement <input type="checkbox"/> Private <input type="checkbox"/> County Road		
Parcel Number:		
Property accessed by: <input type="checkbox"/> Easement <input type="checkbox"/> Private <input type="checkbox"/> County Road		
Description of what you are requesting: <input type="checkbox"/> Combined <input type="checkbox"/> Split		

I (we), certify that all of the above statements and information submitted herewith are true and correct to the best of my (our) knowledge and belief.

Signature of Applicant

Date

Signature of Applicant

Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Stamp:

Printed Name of Notary Public or Stamp



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STAFF USE ONLY

Property requested to be:	<input type="checkbox"/> Combined <input type="checkbox"/> Split
Current Land Use:	
Parcel number(s):	
Parcel number(s):	
<input type="checkbox"/> Land is in compliance with current land use requirements.	
<input type="checkbox"/> Land is NOT in compliance with current land use requirements.	
Notes _____ _____ _____ _____	
<input type="checkbox"/> Approved subject to the following: _____ _____ _____	
<input type="checkbox"/> Denied – Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	_____
David Lang, Zoning Administrator	Date