



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

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

Special Family Lot Permit Application

This permit will allow a homestead to be placed on the property by an individual who is the grandparent, parent, step-parent, sibling, child, step-child, adopted child, or grandchild of the person who conveyed the parcel to such individual, notwithstanding the density of use assigned to the parcel in the plan. Such provision shall apply only once to any individual, provided that the lot complies with the following conditions for permitting:

1. The minimum lot width shall be seventy-five (75) feet; and
2. The division of lots shall be recorded by separate deeds and meet all other applicable land development regulations.
3. Should not exceed one dwelling unit per acre
4. The parent tract from which the family lot is cut must have an "agricultural" classification from the County Property Appraiser.

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 Family Lot provisions under Land Development Regulation 7.08.01

Both Grantors and Grantees hereby affirm to Gilchrist County that they shall not further subdivide or split the property described herein.

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



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Required Items to be submitted with application

- Survey of the parent tract
- Survey of the “new” tract
- Recorded deed showing ownership

Owner Information		
Owner Name:		
Mailing Address:		
City:	State:	Zip:
Contact phone number:		
E-mail:		
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:		
Property Information		
Parcel Number:		
Parcel Address:		
Total Number of Acres:	Ag Classification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own property adjacent this parcel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member and Lot Split Information		
Family Member Name parcel will be deeded to:		
Relationship of above family member to property owner:		
Total Number of acres being deeded to family member above:		
Type of Structure to be place on parcel:	square feet:	

I, _____ swear that the Special Use Permit is to
 (Property Owner’s Printed Name)
allow the family member listed above to homestead on a portion of the property where I currently live, and that the family member listed above is, in fact, related to me in the capacity listed above.

Property Owner’s Signature

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

Land Use Classification	
Parcel Number	
<input type="checkbox"/> Approved subject to the following: _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Denied – Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	_____
David Lang, Zoning Administrator	Date