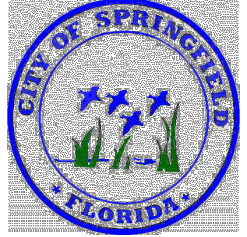


CITY OF SPRINGFIELD

3529 East Third Street
Springfield, Florida 32401
(850) 872-7570 * (850) 747-5663 fax
www.springfieldfl.gov



Lot Split Application

Note: A request to subdivide real property can only be made by the property owner.

Full Name of Owner (s): _____

Address of Property Owner: _____

City: _____ State: _____ Phone Number: _____

Property Information

Address of property to be subdivided: _____

Parcel I.D. or Tax Parcel No.: _____ - _____ - _____ Size of Property: _____

Please Explain why you are requesting to subdivide your property: _____

Note: The applicant shall provide a survey of the property showing the boundary lines of the land being subdivided with distance bearings for each newly created parcel including the legal description of the land.

For City Use Only

Date Application Submitted: _____ Fees Paid: _____

Land Use Designation: _____ Allowable Density: _____

Density requirements can be maintained after division of property: ___Yes___No

Flood Zone Designation: _____ Wetlands of Property: ___Yes___No

Public Water available for existing and all newly created parcels: ___Yes ___No

Public Sewer available for existing and all newly created parcels: ___Yes ___No

Ingress & egress to roadways available for all newly created parcels: ___Yes ___No

Drainage or Storm Water Management provided or accessible for existing and all newly created parcels: ___Yes or ___No Provide: _____ or Accessible: _____

Does the division of property cause concern for public safety? ___Yes ___No

Does the division of the property adversely impact natural resources? ___Yes ___No

Does the division of the property have potential to create a public nuisance? _____

Approve _____ Or Disapprove _____

(Signature of Planning Board Official)

Approve _____ Or Disapprove _____

(Signature of Planning Board Official)