



The Zoning Manager reserves the right to determine whether this application is complete and accurate. Incomplete applications will not be processed and will be returned to the applicant. The processing time may take up to forty two (42) days. Please be aware septic systems are not approved with this request. Contact the Health Department at 407/836-2600 for the ability to install septic systems on these proposed lots. Industrially zoned property (zoned or split after July 5, 1989) are not permitted septic systems.

**Parent Property Information:**

Owner’s Name: \_\_\_\_\_ Permittee’s Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_

Parcel ID(s)#: \_\_\_\_\_

Legal Description (Parent Tract and Proposed Lots) \_\_\_\_\_

Owner’s Number: \_\_\_\_\_ Permittee’s Number: \_\_\_\_\_

Owner’s Email: \_\_\_\_\_ Permittee’s Email: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Are there any existing/pending permits for the subject property? (No): \_\_\_\_\_ (if Yes, indicate on survey): \_\_\_\_\_

Overall Land Area: \_\_\_\_\_ Will wells be used? \_\_\_\_\_ Is adjoining road paved? \_\_\_\_\_ Are septic tanks proposed? \_\_\_\_\_

How many total parcels proposed? (3 max): \_\_\_\_\_ for the purpose of Split \_\_\_\_\_ Reconfiguration \_\_\_\_\_ Aggregation \_\_\_\_\_

Developable land area (less lake and wetlands) for each lot: Lot 1) \_\_\_\_\_; Lot 2) \_\_\_\_\_; Lot 3) \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

- One (1) electronic copy of a sealed survey, to scale, certified within 90 days, and identifying the following: 1)all existing structures, 2) easements, 3) wetlands, 4) the NHWE for any water bodies, 5) the 100-year flood zone limit, 6) all adjoining rights-of-way, 7) proposed lot lines and dimensions, 8) lot areas, and 9) legal descriptions (of parent tract and all proposed lots). If septic systems or wells are proposed, the survey must indicate any existing septic tanks, drainfields, and well locations. All residential lots shall comply with Sec. 38-1502, and all other applicable codes.
- In addition to the certified surveys, identification of any existing septic systems and wells within 75 feet of the parent tract’s property lines shall be included (unless this separation can be accommodated entirely on the applicant’s property). If proposed septic systems and well locations are known to the applicant, they too, shall be identified.
- All existing structures other than single-family uses shall require the following: Construction type, square footage of each structure & sprinklered or unsprinklered.
- Authorization letters from the area’s controlling utility provider shall be submitted verifying the availability (or non-availability) of central sewer and/or water services.
- Notarized Owner Authorization (if applicant is not the owner of the property).
- Non-Refundable application fee in the amount of \$619.00 (\$494 for up to three (3) residential lots).

The following request is to divide property for purposes of obtaining building permits or for transfer of ownership as required by Chapter 34 (Subdivision Regulations) of the Orange County Code.

I understand that any approval to divide land may require further approvals by applicable Orange County Departments and the Board of County Commissioners (BCC). I understand that this request may up to forty two (42) days for staff review and written response.

I understand that any request to divide land is subject to the Orange County Comprehensive Plan (CP), as amended, and all other applicable regulations and ordinances. In the event that approval of this application is granted based on false information provided by the property owner or authorized representative, the County reserves the right to revoke the approval and any permits issued as a result of the false information.

Decisions of the Zoning Manager may be appealed to the Development Review Committee within 15 calendar days of receipt of the decision. Appeal fee is \$741.00. Submit notice of appeal and fee to the Zoning Division Manager.

Applicant’s Signature \_\_\_\_\_

Notary’s Signature \_\_\_\_\_ Date \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_/\_\_\_/\_\_\_

Notary Printed \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me

State of \_\_\_\_\_ County of \_\_\_\_\_

and who produced \_\_\_\_\_ as

My commission expires: \_\_\_\_\_

identification and who did/did not take an oath.

(SEAL)