



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: Commercial - \$619.00 or Residential - \$494 (limited 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 _____
The foregoing instrument was acknowledged before me this ___/___/___
by _____ who is personally known to me
and who produced _____ as
identification and who did/did not take an oath.

Notary’s Signature _____ Date _____
Notary Printed _____
State of _____ County of _____
My commission expires: _____
(SEAL)