



City Hall
Mascotte Fax #

(352) 429-3341
(352) 429-3345

100 E. Myers Blvd.
Mascotte, FL 34753
Email: michelle.hawkins@cityofmascotte.com

LOT SPLIT APPLICATION

Date: _____

Please complete the following:

Property Owner's Name: _____

Mailing Address: _____

Phone Number(s): _____

E-Mail Address: _____

Signature of Owner: _____

STATE OF FLORIDA; COUNTY OF LAKE:

I HEREBY CERTIFY that on this this ____ day of _____, 20____, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument, and who did take an oath.

NOTARY PUBLIC My commission expires:

Property information:

Physical Street Address of Subject Property: _____

Section _____ Township _____ Range _____ ALT Number: _____

Zoning District: _____ Flood Zone: _____

Property is Vacant _____ Improved _____

What is the size of the property: _____ Acres _____

Square feet _____ Dimensions _____ Current zoning _____

Future Land Use Category _____

Road Frontage _____



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DISCLAIMER: DIVIDING A LOT INTO SEPARATE PARCELS DOES NOT GRANT ENTITLEMENTS OR GUARANTEE THAT THE LOTS CAN BE DEVELOPED ACCORDING TO THE CITY'S LAND DEVELOPMENT CODE. LDC). IT IS THE DUTY OF THE APPLICANTS TO COMPLETE THE LOT SPLIT AND RECORDING THROUGH LAKE COUNTY.

Signature of Planner Acknowledgment of Lot Split _____
Date _____ Print Staff Name _____

Provide the following items for review:

A complete legal description of each lot split.

One copy each on 11 x 17 of the proposed lot split, which shows the boundaries of the original parcel and each proposed parcel.

A copy of the current property record card for the subject property.

Signed application