



# CITY OF GREEN COVE SPRINGS

321 Walnut Street  
Green Cove Springs, FL 32043  
(904) 297-7500 ext. 3317  
(904) 284-4849 (fax)

## APPLICATION FOR LOT SPLIT (Applicable for creating no more than 2 lots from 1 lot)

Date: \_\_\_\_\_ File #: \_\_\_\_\_ Filing Fee Receipt #: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Property Address: \_\_\_\_\_

4. Legal Description: \_\_\_\_\_

5. Present use of Property: \_\_\_\_\_

6. Parcel #: \_\_\_\_\_

7. Zoning: \_\_\_\_\_ 8. Future Land Use Map Designation: \_\_\_\_\_

9. Character of proposed development: \_\_\_\_\_

10. Total area of site: \_\_\_\_\_

**All attachments are required for a complete submittal.**

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

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State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing application is acknowledged

before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally

known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_

Signature of Notary Public, State of \_\_\_\_\_

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**Required Attachments****The applicant shall submit the following:**

- A completed Application
  - Legal Description
  - Survey of Existing Property, including all structures, driveways,
  - Survey of Proposed Lot Split
  - Letter of Authorization, if not property owner
  - Warranty Deed or other documentation of ownership
  - Filing Fee \$125.00
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