

**COUNTY OF VOLUSIA
LAND DEVELOPMENT DIVISION
APPLICATION FOR SUBDIVISION EXEMPTION REVIEW**



Mail or hand deliver the completed application to:
Thomas C. Kelly Administration Center, County of Volusia, Land Development Division
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604

DeLand 386-736-5942, Daytona Beach 386-248-8157, New Smyrna Beach 386-423-3872

TYPE OF APPLICATION:

- Section 72-537(a)(4) LOT COMBINATION – to combine lots for a unified building site
- Section 72-537(a)(6) ADJUSTMENT OF LOTS – to move an existing lot line
- Section 72-537(a)(5)(7)(8)(9) PREVIOUS REGULATIONS

*If the combination/adjustment is between two or more property owners, then the proper conveyances must be recorded in the public records prior to final approval

PROJECT INFORMATION:

TAX PARCEL NUMBER (S): _____

BUILDING PERMIT NUMBER: _____ HAS BEEN SUBMITTED

ZONING AUTHORIZATION:

Required prior to submitting the Application for Plan Review– DeLand Zoning Office, Room 205

CURRENT ZONING: _____ FUTURE LAND USE: _____

The development is consistent with the Comprehensive Plan and is properly zoned for the intended use.

NON-CONFORMING LOT LETTER REQUIRED: YES NO SUBMITTED: YES NO

ZONING AUTHORITY: _____ DATE: _____

FINANCE CERTIFICATION:

Required prior to submitting the Application for Plan Review– DeLand Finance Office, Room 103

On behalf of the Volusia County Finance Department, I hereby certify that there are no delinquent or unpaid taxes against or due on the lands described above, as required by Section 197.0152 of the Florida Statutes.

REVENUE SPECIALIST: _____ DATE: _____

******STAFF USE ONLY******

REVIEW FEE PAID: \$ _____ CHECK NUMBER: _____

PROJECT NAME: _____

APPLICATION NUMBER: _____ - _____ - _____ RSN: _____

APPLICANT INFORMATION:

NAME: _____ PRIMARY CONTACT
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP _____
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

ENGINEER OF RECORD INFORMATION:

NAME: _____ PRIMARY CONTACT
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP _____
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

OWNER INFORMATION:

NAME: _____ PRIMARY CONTACT
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP _____
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____

TO BE SUPPLIED AT THE TIME OF SUBMISSION:

- Completed Application (Authorization from the owner, if the applicant is not the owner)
- 6 copies of a survey sketch, to scale with the legal description, North Point, existing and proposed lot dimensions, all easements, the names and dimensions of all streets within or abutting the proposed subdivision, and whether the streets are dedicated County, City or private roads, unopened, paved, or unpaved. The sketch should show all proposed lots and proposed lots should be numbered.

NOTE: Prior to submitting this application, it is advised that you contact the Health Department for information on septic tank permitting requirements.

BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE.

APPLICANT SIGNATURE: _____ **DATE:** _____
If you are not the property owner, you must have the owner complete the attached "Owner Authorization Form".

******STAFF USE ONLY******

PROJECT NAME: _____
APPLICATION NUMBER: _____ - _____ - _____ **RSN:** _____



NOTARIZED AUTHORIZATION OF OWNER

I/We, _____
(PRINT OWNER'S NAME)

as the sole or joint fee simple title holder(s) of the property described as:

(LEGAL DESCRIPTION AND/OR PARCEL NUMBER)

authorize _____ to act as my agent
(PRINT AGENT'S NAME)

to seek _____ on the above property.
(TYPE OF APPLICATION)

OWNER'S SIGNATURE

OWNER'S SIGNATURE

DATE

DATE

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
(DATE)

by _____, who is personally
(NAME OF PERSON ACKNOWLEDGING)

known to me or who has produced _____ as
(TYPE OF IDENTIFICATION)

identification and who did not take an oath.

NOTARY PUBLIC, STATE OF _____

Type or Print Name:

Commission No.:

My Commission Expires: _____

****STAFF USE ONLY****

PROJECT NAME: _____

APPLICATION NUMBER: _____ - _____ - _____ RSN: _____