EXM, Rev. 07/22

COUNTY OF VOLUSIA LAND DEVELOPMENT OFFICE APPLICATION FOR SUBDIVISION EXEMPTION REVIEW



Mail or hand deliver the completed application to:
Thomas C. Kelly Administration Center, County of Volusia, Land Development Office
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604
DeLand 386-736-5942 Fax 386-740-5136

E-mail: landdevelopment@volusia.org

Note: In lieu of completing this application, the information may be submitted through Connect Live at https://connectlivepermits.org/PublicPortal/Volusia/common/index.jsp

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) VESTED RIGHTS - OR - Section 72-537(a)(7),(8), and (9) PREVIOUS REGULATIONS							
TAX COMBINATION							
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							
TAY DADGELAN MADED (0)							
TAX PARCEL NUMBER(S):							
BUILDING PERMIT NUMBER: HAS BEEN SUBMITTED (if applicable)							
PROPERTY TAX INFORMATION							
Pursuant to Section 197.192 of the Florida Statutes, Staff will verify that there are no delinquent or unpaid taxes against or							
due on the lands described in the above Tax Parcel Number(s), prior to final approval.							
APPLICANT INFORMATION							
NAME:							
COMPANY:							
ADDRESS:							
CITY: STATE: ZIP CODE:							
PHONE: EXT: EMAIL:							

	OW	NER INFORMATION				
NAME:						
COMPANY:						
ADDRESS:						
CITY:		STATE:	ZIP CODE:			
PHONE:	EXT:	EMAIL:				
SUBMITTAL REQUIREMENTS:						
One original hard copy is required for each of the following plans/documents:						
 □ Completed Application □ Authorization of Owner (if the applicant is not the owner) □ A boundary survey, depicting all improvements, encumbrances, and proposed lot lines (if applicable) □ Legal description of parent parcel and of proposed new parcels 						
Environmental permitting may require a wetland delineation if proposed lot lines impact wetland areas.						
NOTE: All current and delinquent taxes must be paid prior to final approval. If the application is submitted after November 1, the taxes for the current year must be paid.						
	to submitting this application on well and/or septic tank perr	•	ct the Health Department for			
BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE. APPLICATIONS DETERMINED TO BE INCOMPLETE MAY BE RETURNED TO THE APPLICANT PRIOR TO ACCEPTANCE, OR FINAL APPROVAL MAY BE DELAYED. COUNTY STAFF IS HEREBY GRANTED ACCESS TO THE PROPERTY FOR INSPECTION AND REVIEW PURPOSES.						
APPI ICANT S	SIGNATURE:		DATE:			

If you are not the property owner, you must have the owner complete the attached "Owner Authorization Form"



NOTARIZED AUTHORIZATION OF OWNER

I/We, (PRINT OWNER'S NAME)			
as the sole or joint fee simple title holders(s) of the p	roperty described (or refere	nced) as:	(TAX PARCEL NUMBER(S))
authorize (PRINT AGENT'S NAME)			to act as my agent
to seek (TYPE OF APPLICATION)			on the above property
OWNER'S SIGNATURE		OWNER	'S SIGNATURE
DATE		DATE	
STATE OF			
COUNTY OF			
The foregoing instrument was acknowledged before	me thisday of		, 20
by(OWNER(S))		(DATE) ,	☐ who is/are personally
known to me or	(TYPE OF IDENT	IFICATION)	as
	NOTARY PUBLIC, STATE OF		
	Type or Print Name:		
	Commission No.:		
	My Commission Expires	s:	