



PLANNING AND DEVELOPMENT DEPARTMENT
DIVISION OF LOT OF RECORD;
MINOR LOT LINE ADJUSTMENT APPLICATION

THIS APPLICATION IS REQUIRED TO REQUEST A DIVISION OF LOT OF RECORD (SPLITTING ONE LOT INTO TWO) OR MINOR LOT LINE ADJUSTMENT (ADJUSTING A SINGLE SHARED PROPERTY LINE) FOR PREVIOUSLY PLATTED PROPERTY. REQUESTS SHALL BE SUBMITTED ONLINE VIA THE ZONING PORTAL. DIRECT LINK TO ZONING PORTAL (OR SEARCH MYCLEARWATER.COM FOR ZONING PORTAL).

THE APPLICANT AND/OR AGENT IS REQUIRED TO SUBMIT COMPLETE AND CORRECT INFORMATION AS INCLUDED IN THIS APPLICATION. IF THE PROPERTY OWNER IS NOT A NATURAL PERSON, SUCH AS AN ORGANIZATION (COMPANY OR TRUST), THE NAME OF THE PERSON SIGNING ON BEHALF IS REQUIRED. IF THERE IS MORE THAN ONE AGENT OR REPRESENTATIVE, THE NAME OF EACH PERSON NEEDS TO BE PROVIDED.

THE APPLICANT, BY FILING THIS APPLICATION, AGREES TO COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE COMMUNITY DEVELOPMENT CODE (CDC). MINOR LOT LINE ADJUSTMENTS SHALL COMPLY WITH THE SUBDIVISION STANDARDS IN CDC ARTICLE 3. DIVISION 19 AND SECTION 4-701 AND MAY NOT CREATE A NONCONFORMITY. ANY REQUEST INVOLVING OR CREATING THREE OR MORE TRACTS OR LOTS OR UNPLATTED TRACTS SHALL REQUIRE A PLAT.

APPLICATION FEE: [] \$150

SURVEYS SHALL BE PREPARED, SIGNED AND SEALED BY A PROFESSIONAL SURVEYOR. SURVEYS SHALL INCLUDE AT MINIMUM, NORTH ARROW, SCALE, LOT DIMENSIONS, LEGAL DESCRIPTION AND DIMENSIONS TO STRUCTURES AND ALL IMPROVEMENTS ON SITE, AND DATE PREPARED.

SUBMITTAL CHECKLIST:

- [] COMPLETED APPLICATION.
[] SURVEY AND LEGAL DESCRIPTION FOR "PARENT" LOT AS IT EXISTS TODAY.
[] SURVEY AND LEGAL DESCRIPTION FOR PROPOSED LOT A AND PROPOSED LOT B.
[] NARRATIVE OR DETAILS ADDRESSING COMPLIANCE WITH ZONING DESIGN STANDARDS, AS NEEDED.

PROPERTY OWNER (S) (PER DEED): _____

PHONE NUMBER: _____

EMAIL: _____

APPLICANT/REPRESENTATIVE NAME _____

& COMPANY: _____

APPLICANT/REPRESENTATIVE PHONE _____

NUMBER: _____

APPLICANT/REPRESENTATIVE EMAIL: _____

ADDRESS OF _____

SUBJECT PROPERTY: _____

PARCEL NUMBER(S): _____

FUTURE LAND USE: _____

ZONING: _____

SPECIAL AREA PLAN OR DESIGN STANDARDS:

BEACH BY DESIGN []

US 19 DISTRICT []

DOWNTOWN DISTRICT []

OTHER _____

NONE []



PLANNING AND DEVELOPMENT DEPARTMENT AFFIDAVIT TO AUTHORIZE AGENT/REPRESENTATIVE

1. Provide names of all property owners on deed – PRINT full names:

2. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

3. That this property constitutes the property for which a request for (describe request):

4. That the undersigned (has/have) appointed and (does/do) appoint:

_____ as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition;

5. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the above described property;

6. That site visits to the property are necessary by City representatives in order to process this application and the owner authorizes City representatives to visit and photograph the property described in this application;

7. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

_____ Property Owner/ Registered Agent of Organization

_____ Property Owner/ Registered Agent of Organization

_____ Property Owner/ Registered Agent of Organization

_____ Property Owner/ Registered Agent of Organization

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means * physical presence or * online notarization, this _____ day of _____, 202__ by (_____) as (_____) of (_____), who _____ is/are personally known to me or _____ who has/have produced a driver's license as identification.

NOTARY PUBLIC

Signature: _____

Commission expires: _____