



TOWN OF HILLIARD
 LOT SPLIT/RECONFIGURATION APPLICATION
 15859 W CR 108 Hilliard, FL 32046
 Phone: 904-845-3555 | cs@townofhilliard.com

For Staff Only	
File #:	_____
Application Fee: \$	_____
Payment Processed By:	_____

Lot Split/Reconfiguration Application

(Applicable for creating no more than 2 lots from 1 lot)

A. PROJECT

1. Project Name: _____
2. Address/Location of Subject Property: _____
3. Parcel ID Number(s): _____
4. Existing Use of Property: _____
5. Zoning Designation: _____
6. Future Land Use Map Designation: _____
7. Acreage of Parcel: _____

B. Owner

1. Name of Owner(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone:(____) _____ E-mail: _____

*Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. Attachments (One copy plus one copy in PDF format)

1. Legal Description with tax parcel number
2. Survey of Existing Property, including all structures and driveways
3. Survey of Proposed Lot Split with legal description of all "new" lots
4. Warranty Deed or other proof of ownership
5. Fee - \$500.00

No application shall be accepted for processing until the required application fee is paid in full.

All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.



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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

 Date

 Date

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 _____