# CERTIFIED PARCEL CHECKLIST AND APPLICATION

Applications cannot be accepted without an appointment. Please e-mail <a href="mailto:siteplanappts@hillsboroughcounty.org">siteplanappts@hillsboroughcounty.org</a> to schedule an appointment to submit the application.

Incomplete applications cannot be accepted.

Please read the instructions and use the attached checklist.





## CERTIFIED PARCEL CHECKLIST

The Zoning Administrator (designee) shall certify parcels and the subdivision of such parcels in accordance with the criteria listed below. The applicant shall make application for Certified Parcels on forms provided by the Zoning Administrator and provide the following information:

#### **PURPOSE**

The purpose of the Certified Parcel process is two-fold. First, Certified Parcels may be used to certify or "legitimize" on an individual basis, that an existing lot is a legal building lot according to the Hillsborough County Land Development Code. Its purpose is to offer clients a mechanism to ensure compliance prior to undertaking building permits, transactions, etc.

Secondly, the Certified Parcel process may be used to create this "lot split" for one additional lot only. More than one lot split requires a review through the formal subdivision process. Certified Parcels must meet the following:

- Must be of a size that is consistent with the Comprehensive Plan and zoning requirements.
- Must be of a size to meet one of the utility options below:
  - Provide water and sewer connection
  - One-half acre for septic tanks
  - One full acre for septic tanks within the well field protection area
- Must be provided with legal access

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#### SUBMITTAL REQUIREMENTS

- 1. A transmittal letter detailing the applicant's request and completed application form.
- 2. One copy of recorded deed of the current parent property.
- 3. The folio number of the current parent parcel.
- 4. Concurrency Application.
- 5. Owner Affidavit (if applicable)
- 6. If certification of the subdivision of a parcel is sought, the applicant shall submit the legal description of the original parent and the legal description(s) of each lot to be established (2sets). The new legal descriptions of the lots created shall be provided by the applicant in a separate Exhibit "A". (2 sets)
- 7. Within eleven (11) days of the filing of the application, the Zoning Administrator (designee) shall approve, approve with conditions, or deny the application. If approved, the applicant will receive an approval letter. Otherwise, the applicant will submit addressing comments requiring resubmittal with the same review time as noted above.
- 8. Check for filing fee. The current fee is \$299.32 per lot, plus a \$320.00 EPC fee; the check should be made payable to the Board of County Commissioners (BOCC).
- 9. Survey: Two (2) signed and sealed survey(s) showing occupation, prepared by a professional engineer or land surveyor must accompany the application. Additionally, a survey (or copy) of the parent tract must be submitted showing the location of the new parcel to be certified. Copy of Plans and 8 ½ X 11 Paperwork formatted on PDF Disk or Flashdrive should be included.

10.	. Notes:		
4.4			
11.	. References:	 	

All Certified Parcel applications are submitted by Appointment to the Site Intake Team located on the 19th Floor of County Center.

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## **CERTIFIED PARCEL APPLICATION**

### TO BE COMPLETED BY APPLICANT

Project Name:				
Project Name:				
Address of Property: Section / Township / Range:				
Project Acrosque	/ _	Individu	/	
Project Acreage:		IIIUIVIUL	ial Well:	
Number of Lots:		Individual Septic: Public Water:		
Land Use Designation:		Public	water:	
Zoning District:		Public :	Sewer:	
Legal Description of Parcel to b				
Legal Non-Conforming Status: County-owned and Maintained Easement:	d Road (Name)	:		
Owner's Name (Print):				
Address:				
City:	State: _		Zip:	
Telephone:		Email:		
Applicant's Name (Print):				
City:	State: _		Zip:	
Telephone:		Email:		
Surveyor's Name (Print): Address:				
City:	State:			
Telephone:		Email:		
I hereby certify that this application of all facts	concerning th			th, is a
Signature of Owner or Authorized	zed Agent	Γ	ate	



## OWNER'S AFFIDAVIT DESIGNATING REPRESENTATION

## STATE OF FLORIDA COUNTY OF HILLSBOROUGH

c .		
0		
by means of		
day of	,	
(month)	(year)	
<u>-</u>		
(Signature of Nota	(Signature of Notary taking acknowledgment)	
Type or Print Name of Notary Public		
	eprocessing of said  by means of(month)  (Signature of Nota	

Commission number

Expiration date