



STATE OF FLORIDA
LEE COUNTY PROPERTY APPRAISER
 KENNETH M. WILKINSON, C.F.A.



Mailing Address:
 P.O. Box 1546, Fort Myers, Florida 33902-1546

Physical Address:
 2480 Thompson Street; Fort Myers; Florida 33901-3074

Telephone: (239) 533-6100 **Facsimile:** (239) 533-6107 **www.leepa.org**

Application for Split/Division of Existing Parcel

Instructions: Please read the requirements complete the form, sign, date and return to our office. If you need assistance or have questions, please call (239) 533-6100.

General Information and Requirements: This form is a request to divide a parcel per the owner's request. Our office will only divide a parcel meeting one or more of the following:

- A deed is recorded with the Lee County Clerk of Court.
- A new development is recorded (condominium and subdivisions).
- The lots were previously platted and/or have previously recorded documents.

The following is required:

- **ALL REQUESTS MUST HAVE OWNER'S SIGNATURE. PHOTO ID REQUIRED.**
- If improved, a survey or site plan **must** be submitted locating all buildings and structures.
- Proof that all taxes on the parcel have been paid (F.S. 197.192).

We reserve the right to request additional information as necessary to complete the request. Additional information may include items such as site plans, plats or a letter from the governing jurisdiction regarding the request etc.

Additional Notes and Information: Please be advised that this request does not imply suitability or authorize development of the parcel. This office does not determine the legality of the request. Please contact the appropriate land development or planning and zoning department for your jurisdiction for questions concerning the development of the parcel and the legality of this request. No rights are being granted by this action that is reserved to any regulatory agency. This action does not nullify or alleviate any existing liens or encumbrances on the property.

You agree by submitting this application that the Lee County Property Appraiser is neither responsible nor liable for any problems or complications resulting from this request. _____

(Initial Here)

Please be advised that changes to parcels will affect the status of existing or future exemptions. Please contact our Public Service Department at (239) 533-6150 for more information on exemptions. _____

(Initial Here)

A copy of this request will be forwarded to the appropriate jurisdiction for any necessary action. _____ (Initial Here)

A copy of this request will be forwarded to the Health Department for any necessary action. _____ (Initial Here)

Print or type parcel (STRAP) number into the box below to be divided into two or more new parcels:

Desired Configuration (e.g. Lots 1 & 2, Lots 3 & 4):

Owner Name: _____

Date: _____

Owner

Telephone Number: _____

Signature: _____

Facsimile Number: _____

Confirmation Request by: Fax: Mail: Phone:

For Office Use Only:

Taxes Paid: Yes No City/County Approval: Yes No N/A Survey: Yes No

Forward to Code Enforcement: Yes No Notify Municipality (if applicable): Yes ID Verified

New Parcel Numbers:

Abstractor: _____ **Date:** _____