

**CITY OF PORT ST. JOE
LOT SPLIT APPLICATION**

Property Address: _____ Zoning: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Applicant if different: _____

Parcel Number: _____

Owners Signature

**Sworn to and subscribed before me this _____ day of _____, Personally Known
OR Produced Identification.
Type Provided _____**

Signature of Notary Public

PUBLIC NOTICE

- 1. A sign will be posted for two weeks on the property seeking the lot split and a notice will be published in the local newspaper.**

APPLICATION REQUIREMENTS

Application Fee - \$300.00

Legal Description of Property

Copy of Deed

Copy of the Survey

Owner Signature

Date: _____

Applicant Signature

Date: _____