



City of Springfield, FL
 3529 E. 3rd St.
 Springfield, FL 32401
 850.872.7570 Fax 850.747.5663
www.springfieldfl.org
Lot Split Application

Note: A request to subdivide real property can only be made by the property owner.

Full Name of Owner(s): _____

Address of Property Owner: _____

City: _____ State: _____ Phone Number: _____

Property Information

Address of property to be subdivided: _____

Parcel I.D. or Tax Parcel No.: _____ - _____ - _____ Size of Property: _____

Please explain why you are requesting to subdivide your property.: _____

Note: The applicant shall provide a survey of the property showing the boundary lines of the land being subdivided with distance bearings for each newly created parcel including the legal description of the land.

For City Use Only:

Date Application Submitted: _____ Fees Paid: _____

Land Use Designation: _____ Allowable Density: _____

Density requirements can be maintained after division of property: _____ Yes _____ No

Flood Zone Designation: _____ Wetlands on property: _____ Yes _____ No

Public Water available for existing and all newly created parcels: _____ Yes _____ No

Public Sewer available for existing and all newly created parcels: _____ Yes _____ No

Ingress & egress to roadways available for all newly created parcels: _____ Yes _____ No

Drainage or Stormwater Management provided or accessible for existing and all newly created parcels: _____ Yes or _____ No Provided: _____ or Accessible: _____

Does the division of property cause concern for public safety?: _____ Yes _____ No

Does the division of the property adversely impact natural resources?: _____ Yes _____ No

Does the division of the property have potential to create a public nuisance?: _____

Approve _____ Or _____ Disapprove _____
 (Signature of Planning Board Official)

Approve _____ Or _____ Disapprove _____
 (Signature of City Clerk or City Official)