



Town of Dundee

◆ 135 Main Street ◆ PO Box 1000 ◆ Dundee, Florida 33838 ◆ (863) 419-3100 ◆ Fax (863) 419-3105

APPLICATION FOR SUBDIVISION APPROVAL

The following information is required for submission of an application for Subdivision Approval.

Please refer to Article 7, Section 7.01.00 of the Land Development Regulations of the Town of Dundee for the number and contents of the plans for the various levels of subdivision review and approval. Attach the plans with an aerial photograph and a location map.

Applicant

Please print or type the required information below.

Name of Property Owner: _____

Mailing Address: _____ Phone: _____

Name of Representative, if applicable: _____

Mailing Address: _____ Phone: _____

Property Identification

Name of Proposed Subdivision or Property _____

Is this a subdivision of less than four (4) lots? ____ Yes ____ No If yes, how many lots? ____

Property Address or General Location: _____

Total Acreage: ____ Present Use of the Property: _____

Section: ____ Township: ____ Range: _____

Property Appraiser's ID#(s): _____

Planning and Zoning Information

Present Town Future Land Use Designation: _____

Requested Town Zoning Classification: _____

Signature of Applicant: _____

Print Name: _____ **Date:** _____

File Number: _____ **Received by:** _____ **Date Received:** _____

Date Paid: _____ **Fee Paid:** _____ **Check #:** _____ **Receipt #:** _____

OWNER'S SIGNATURE PAGE

(I) (We), _____ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the Town of Dundee to process this petition for site plan review, in accordance with all adopted Town rules and regulations, and in conformance with State law.

Further (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application for site plan review, and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

OWNERS

Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

STATE OF FLORIDA
COUNTY OF POLK

OWNER'S NOTARIZATION

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

Notary Public
Notarial Seal and Commission
Expiration Date

AGENT, LESSEE, OR BUYER'S SIGNATURE PAGE

(I) (We), _____ being duly sworn, depose and say that (I) (we) serve as _____ (agent or lessee) for the owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

AGENT, LESSEE, OR BUYER(S)

Signature of Agent, Lessee, or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

Signature of Agent, Lessee, or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

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STATE OF FLORIDA

AGENT, LESSEE, OR BUYER(S) NOTARIZATION

COUNTY OF POLK

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

Notary Public
Notarial Seal and Commission
Expiration Date

