



GROWTH MANAGEMENT DEPARTMENT
 Planning Division
 201 SE 3rd Street, Second Floor, Ocala, FL 34471
 Phone: (352) 629-8404 Fax: (352) 629-8242 Email:
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**DIVISION OR RECONFIGURATION OF
 LAND REQUEST**
(\$100)

APPLICATION TO DIVIDE OR RECONFIGURE LAND

Property owner(s): _____

Existing parcel number(s): _____

Description of request: _____

Zoning on the property: _____ Existing buildings on the property? Yes No

Provide legal descriptions and survey with dimensions of the proposed division or reconfiguration of land.

Owner signature: _____ Date: _____

Print Owner Name _____ Phone #: _____

OFFICE USE ONLY (Letter of approval or denial)

Based on information provided by the owner and the sketch attached to this application, this request for a division or reconfiguration of land is:

APPROVED DENIED

If denied, this request is denied because the proposed division or reconfiguration of land would create the following violation(s) of subdivision or zoning regulations: _____

REVIEWED BY (print name): _____

Signature: _____ Date: _____