



**Engineering Services  
Department  
Development Services Division  
Planning~Building~Inspections**

105 Miracle Strip Pkwy. SW  
Fort Walton Beach, FL 32548  
P: (850) 833-9697  
F: (850) 833-9926

**APPLICATION FOR MINOR PLAT**

Request is for:

Lot Split     Lot Line Adjustit

<b>Applicant NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	

<b>Property Owner NAME:</b>	
<b>Property Owner ADDRESS:</b>	
<b>Tax Parcel ID Number(s):</b>	

<b>Future Land Use Map Designation:</b>	<input type="checkbox"/> LDR <input type="checkbox"/> MDR <input type="checkbox"/> MU <input type="checkbox"/> COM <input type="checkbox"/> MBI <input type="checkbox"/> IND <input type="checkbox"/> CIU <input type="checkbox"/> REC <input type="checkbox"/> CNS <input type="checkbox"/> PC
<b>Zoning District:</b>	<input type="checkbox"/> R-1 <input type="checkbox"/> R-1E <input type="checkbox"/> R-2 <input type="checkbox"/> YC <input type="checkbox"/> MX-1 <input type="checkbox"/> REC <input type="checkbox"/> MX-2 <input type="checkbox"/> MB <input type="checkbox"/> CTP <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> PUD

<b>Total Site Size:</b>	
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<b>Number of Existing Lots:</b>	
<b>Number of Proposed Lots:</b>	

## OWNER'S CONSENT AND DESIGNATION OF AGENCY

I, \_\_\_\_\_, the fee simple owner of the following described property (give legal description):


hereby petition the City of Fort Walton Beach to approve the subdivision plat for the proposed subdivision to be named \_\_\_\_\_ and affirm that \_\_\_\_\_ is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Owner's Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Commission # \_\_\_\_\_. My commission expires \_\_\_\_\_.

(Notary's Seal)

101 E. James Lee Blvd. Rm 104  
Crestview, FL 32536  
(850) 689-5900  
FAX (850) 689-5906



**PLEASE REPLY TO:**  
73 N.E. Eglin Pkwy Ste 202  
Ft. Walton Beach, FL 32548  
(850) 651-7240  
FAX (850) 651-7244  
**WEBSITE: [www.okaloosapa.com](http://www.okaloosapa.com)**

**PETE SMITH**  
OKALOOSA COUNTY PROPERTY APPRAISER

COMBINE REQUEST FORM

I \_\_\_\_\_ request the Property Appraiser to combine the parcels listed below into one parcel. I understand combined parcels will be assessed at **fair market value** and will likely have implications on my future property taxes. I acknowledge that I have considered all the ramifications associated with combining these properties.

**Please indicate that you have read and met the conditions below by checking YES.**

- YES  NO Taxes on all parcels listed are paid (please provide tax receipts).
- YES  NO Parcels are contiguous and adjacent to each other.
- YES  NO **All** parcels are listed under the same ownership (per recorded deeds).
- YES  NO Combine parcels are vacant. (Homesteaded parcels will only be combined with vacant parcels).

**NOTE:** If there is a mortgage on any of the listed parcels, combining them may impact the escrow accounts. Your mortgage lender should be made aware of your intention to combine these parcels. You should discuss with them any implications this action may have on your mortgage. Additionally, you will need to discuss any potential zoning issues with your local zoning department.

- Have you discussed this with your mortgage company?  YES/NO
- Have you discussed any potential zoning issues with your local zoning department?  YES/NO

**Please be advised that the Okaloosa County Property Appraiser's office is not responsible for any implications or issues which may arise with either your mortgage lender, zoning office, or future property taxes levied.**

**PARCELS TO COMBINE**

- Parcel ID Number 1: \_\_\_\_\_ **Homestead** Yes/No  **Vacant** Yes/No
- Parcel ID Number 2: \_\_\_\_\_ **Homestead** Yes/No  **Vacant** Yes/No
- Parcel ID Number 3: \_\_\_\_\_ **Homestead** Yes/No  **Vacant** Yes/No
- Parcel ID Number 4: \_\_\_\_\_ **Homestead** Yes/No  **Vacant** Yes/No

*By signing below, I am attesting that any information given herein is true and accurate to the best of my knowledge. I also understand that I must provide proof that all taxes have been paid on the above listed properties. Once the properties have been combined, I understand that I must submit, in writing, any request to have the parcels split out again.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME (ADDITIONAL OWNER)

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
SIGNATURE (ADDITIONAL OWNER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

302 N. Wilson Street, Ste 201  
Crestview, FL 32536  
PHONE: (850) 689-5900  
FAX (850) 689-5906



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**PETE SMITH**  
OKALOOSA COUNTY PROPERTY APPRAISER  
PARCEL SPLIT REQUEST FORM

**TO: Okaloosa County Property Appraiser**  
**RE: PARCEL SPLIT OUT**

I \_\_\_\_\_ request the property appraiser to split the parcel listed below into two or more parcels. I acknowledge that I have provided the following items:

\_\_\_\_\_ A COPY OF THE LEGAL DESCRIPTION OF NEW PARCEL SPLIT OUT i.e. survey, Deed, etc.

**NOTE:** If there is a mortgage on the 1 parcel listed below, splitting it may impact the escrow account. The mortgage company should be made aware of your intention to split this parcel. You should discuss with them any implications this action may have on your mortgage. Additionally, you will need to discuss any potential zoning issues with your local zoning department.

Have you discussed this with your mortgage company? \_\_\_\_\_  
YES/NO

Have you discussed any potential issues with your local zoning department? \_\_\_\_\_  
YES/NO

*Please be advised that the Okaloosa County Property Appraiser's office is not responsible for any implications or issues that may arise with either your mortgage company or with your zoning office.*

**PARCELS TO SPLIT**

Parent Parcel ID Number 1: \_\_\_\_\_

**NOTE:** BY REQUESTING THIS PARCEL TO BE SPLIT, I UNDERSTAND THAT ANY EXEMPTIONS THAT MAY BE ON THE PARENT PARCEL WILL NOT CARRY OVER TO THE NEW SPLIT OUT PARCEL.

*By signing below, I am attesting that any information given herein is true and accurate to the best of my knowledge. I also understand that I must provide proof that all taxes have been paid on the above listed properties. Once the properties have been combined, I understand that I must submit, in writing, any request to have the parcels split out again.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME (ADDITIONAL OWNER)

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
SIGNATURE (ADDITIONAL OWNER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER