



Department of Economic Growth

Lot of Record Determination

Date: _____

Please submit the following items for the lot of record determination:

- A current copy of the tax receipt or property record card for all parcels
 - Review fee as shown below:
 Contiguous Lots \$150.00 (up to four (4) parcels)
 Non-Contiguous Lots \$200.00 (up to four (4) parcels)
- Please make checks payable to: Lake County Board of County Commissioners. You may pay with a debit or credit card, however, an additional fee equal to 1% of the transaction total will be added for the convenience of using a debit or credit card.

Applicant's Name: _____

Mailing Address _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Alternate Key #'s: _____, _____, _____, _____

Is the property vacant or developed? _____ Number of sites requested: _____

This determination is not a guarantee of permit issuance. All applicable setbacks, sanitation and Federal Emergency Management Flood requirements must be met prior to the issuance of building permits. This determination is contingent upon the applicant obtaining a septic tank permit from Environmental Health/HRS or connection onto an existing approved system. If the applicant is unable to obtain a septic tank permit or connect to an existing system, this determination shall be considered null and void.

Applicant's Signature

If you have questions, please call 352-343-9641 or email us at zoning@lakecountyfl.gov.

TO BE COMPLETED BY STAFF

LOR Application # _____ Number of sites granted: _____

Address Screen #'s _____, _____, _____, _____

Section: _____ Township: _____ Range: _____ Comm. District: _____ Size of Parcel: _____

Existing Zoning: _____ Future Land Use Designation: _____

Green Swamp Protection Area: Yes ___ No ___ Wekiva River Protection Area: Yes ___ No ___

Exception for Density: Yes ___ No ___ Comprehensive Plan 2030 Policy No.: _____

Subject to Special Assessment for Roads: Yes ___ No ___ ORB: _____ Page: _____

Unity of Title required: Yes ___ No ___ ORB: _____ Page: _____

Staff Comments: _____

Staff Planner Signature: _____ Date: _____