



Office of Planning and Zoning

Lot Exception for Density

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: _____

Please be advised that this approval only grants an exception to the density requirements established by Comprehensive Plan and does not guarantee that the property is buildable. Determining whether or not the property can accommodate a development depends on the applicable Land Development Regulations and Comprehensive Plan Policies; requirements of other agencies (i.e. Department of Health, Department of Environmental Protection, and Federal Emergency Management Agency); and site constraints.

Applicant's Signature

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

TO BE COMPLETED BY STAFF

LED Application No. _____

Address Screen Nos. _____, _____, _____, _____

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 _____

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

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

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

Staff Comments: _____

Staff Planner Signature: _____ Date: _____