



**Board of County Commissioners**

DEPARTMENT OF GROWTH MANAGEMENT

LAND DEVELOPMENT DIVISION

3600 W. Sovereign Path, Suite 140

Lecanto, FL 34461

Telephone: (352) 527-5239 TTY Dial 711

Web Address: [www.citrusbocc.com](http://www.citrusbocc.com)

**REPLAT - SUBSTANTIALLY SIMILAR PLAT APPLICATION**

Application No.: \_\_\_\_\_ Date: \_\_\_\_\_

\* Agent for Petitioner.

**Applicant\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Petitioner(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Description:** Section: \_\_\_\_\_ Township: \_\_\_\_\_ South Range: \_\_\_\_\_ East

Legal Description: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Block/Parcel: \_\_\_\_\_

Alternate Key #: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

**Attach Proof of Ownership**

Date of Boundary Survey: \_\_\_\_\_ Revision Dates (if any): \_\_\_\_\_

Total Acreage of Subdivision: \_\_\_\_\_ Developed Density @: \_\_\_\_\_ DU/Acre

Future Land Use Designation: \_\_\_\_\_ County Road (Must be Paved): \_\_\_\_\_

Total Number of Proposed Lots: \_\_\_\_\_ Total Number of Proposed Parcels: \_\_\_\_\_

**Approximate Number and Acreage of:**

Single-family Parcels: \_\_\_\_\_ # \_\_\_\_\_ Acres± Multi-family Parcels: \_\_\_\_\_ # \_\_\_\_\_ Acres ±

Name of Proposed Subdivision: \_\_\_\_\_

List tract numbers and approximate area for the following to be provided by the plat:

	<u>TRACT #</u>	<u>ACRES ±</u>
Sewer Plant and Treatment Areas	_____	_____
Water and Well Sites	_____	_____
Stormwater Retention	_____	_____

**If the applicant is other than the owner, a letter of authorization is required from the owner of the property to be subdivided.**

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CITRUS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_, who is personally known to me or provided \_\_\_\_\_ as identification and who did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

Seal

\_\_\_\_\_  
Notary Public - State of Florida

**For Staff Use Only**

Date: \_\_\_\_\_

ATF: \_\_\_\_\_

Time: \_\_\_\_\_

QTR: \_\_\_\_\_

Initials: \_\_\_\_\_

LUD: \_\_\_\_\_



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**CHECK LIST FOR REPLAT - SUBSTANTIALLY SIMILAR PLAT**

<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>GENERAL REQUIREMENTS – ALL SHEETS</u>
_____	_____	_____	1. Title Page
_____	_____	_____	a. Subdivision name
_____	_____	_____	b. Attorney’s opinion of title or title company certificate
_____	_____	_____	c. Notary acknowledgment
_____	_____	_____	d. Developer’s acknowledgment and dedication
_____	_____	_____	e. Consent of mortgagee
_____	_____	_____	f. Signature lines for officials
_____	_____	_____	g. Surveyor’s original signature and seal
_____	_____	_____	h. Engineer’s original signature and seal
_____	_____	_____	2. Stated graphic scale – plat
_____	_____	_____	3. North arrow
_____	_____	_____	4. Surveyor’s name
_____	_____	_____	5. Date
_____	_____	_____	6. Sheet size: 24” x 36”
_____	_____	_____	7. Margin: 1” except left side where 3” is required
_____	_____	_____	8. Sequential cross-referenced numbering (e.g., Sheet 1 of 4)
_____	_____	_____	9. Index sheet
_____	_____	_____	10. Notes explaining abbreviations
_____	_____	_____	11. Lettering (minimum: 1/8”)
_____	_____	_____	12. Location map
_____	_____	_____	a. Stated graphic scale
_____	_____	_____	b. Position in and relationship to section(s)
_____	_____	_____	c. Township(s) and range(s)
_____	_____	_____	d. Principal roads
_____	_____	_____	e. City limits (if applicable)
_____	_____	_____	13. Legal description – metes and bounds

**OTHER SPECIFIC REQUIREMENTS WITHIN THE SUBDIVISION**

_____	_____	_____	14. Lots
_____	_____	_____	a. Size/dimension
_____	_____	_____	b. Lot(s) or tract(s) – numbered consecutively
_____	_____	_____	c. Block(s) – numbered consecutively
_____	_____	_____	15. Right-of-way
_____	_____	_____	a. Width
_____	_____	_____	b. Location
_____	_____	_____	16. Existing easements
_____	_____	_____	17. Proposed easements or rights-of-way
_____	_____	_____	a. Drainage – 30 feet
_____	_____	_____	b. Utilities – 16 feet
_____	_____	_____	18. Proposed special reservations (as applicable)
_____	_____	_____	a. Potable water well site
_____	_____	_____	b. Sewer plant and treatment site(s)
_____	_____	_____	c. Drainage area(s) or notation



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**OTHER SPECIFIC REQUIREMENTS WITHIN THE SUBDIVISION**

- \_\_\_\_ 19. Proposed open space(s)
- \_\_\_\_ 20. Recreation area(s)
- \_\_\_\_ 21. Street name(s)
- \_\_\_\_ 22. Flood plain limits with flood elevation or note if not in a flood hazard area
- \_\_\_\_ 23. Dimensions of perimeter of proposed subdivision
- \_\_\_\_ 24. Relationship to any water(s) edge (all bodies of water)
- \_\_\_\_ 25. Jurisdictional line

**OTHER REQUIREMENTS AFFECTING THE SUBDIVISION**

- \_\_\_\_ 26. Certification of ownership
- \_\_\_\_ 27. Declaration of covenants, conditions, and restrictions (if any)
- \_\_\_\_ 28. Utility companies' agreements on easements (if any)
- \_\_\_\_ 29. Plat variance(s) approval(s) (if any)
- \_\_\_\_ 30. Central water and/or sewer agreement, if applicable
- \_\_\_\_ 31. Notation of method of water and sewer, and supplier if from existing utility
- \_\_\_\_ 32. Nine (9) copies of the replat, and nine (9) copies of a current, sealed boundary survey
- \_\_\_\_ 33. Final Plat in digital format\*.
- \_\_\_\_ 34. Application fees as required by Resolution adopted by the Board of County Commissioners. **(Made payable to BOCC)**
- \_\_\_\_ 35. Recording fees collected **(Made payable to the Clerk of Courts):**  
 Drawings - \$30.00 first page + \$15.00 each additional page  
 Documents - \$10.00 first page + \$8.50 each additional page

**ADDITIONAL COMMENTS OR REQUIREMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECKED IN BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_