CITY OF BONIFAY
MINOR REPLAT / LOT SPLIT APPLICATION

PROPERTY OWNER INFORMATION

Owner's Name as Written on Deed: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ FAX or e-mail: _____

APPLICANT INFORMATION

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ FAX or e-mail: _____

CORPORATE OR BUSINESS INFORMATION

Business Name/Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ FAX or e-mail: _____

SURVEYOR INFORMATION

Surveyor Firm Name/Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ FAX or e-mail: _____

***Copies of the Comprehensive Plan can be accessed at:**
www.cityofbonifay.com

SUBMITTAL REQUIREMENTS **(3 COPIES/1 CAN BE DIGITAL)** ***The following attachments are required with application submittal***	Check List
Proof of Ownership (Deed/Lease)	
Letter of Authorization (if other than owner is making application)	
Three (3) paper copies of the proposed minor replat	
Statement regarding water and sewer service availability	
Land descriptions and acreage of the original and proposed lots	
Scaled drawing showing the intended division of land prepared by a professional land surveyor registered in the State of Florida. Structures shall be identified on this drawing if they exist.	
Minor Replat Fee (See Fee Schedule)	

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DESCRIPTION OF BUSINESS

Project Address: _____ City: _____

GENERAL INFORMATION

Total Acreage of Existing Lot(s): _____ Square Footage: _____ Number of Existing Lots: _____

Number of Lots Proposed: _____ Minimum Roadway Frontage Required per Lot: _____

Minimum Lot Size Allowed: _____

Exisitng Parcel Tax ID#:

_____

Utility Providers: Electricity_____ Natural Gas _____

Sewer System: ☐ Private ☐ Public If Public, Indicate Provider_____

Water System: ☐ Private ☐ Public If Pubic, Indicate Provider _____

ROAD INFORMATION

Name of all Roads Abutting Property	Dirt	Paved	County	State	Private
Will a New Road(s) be Created: ☐ Yes ☐ No If yes will they be: ☐ Public ☐ Private					
Distance to Nearest Intersection: _____ Intersection/Road Name: _____					

OFFICIAL USE ONLY

FEE PAID: Y ☐ N ☐ INITIAL: _____ RECEIPT# _____ DATE: _____

Application #_____