



**APPLICATION FOR VESTED RIGHTS DETERMINATION**

The Lake County Land Development Regulations allow any person to request a determination of whether their right to complete a project is vested. Lake County recognizes that the rights of some property owners to develop their land may be vested despite the individual or specific property being inconsistent with the current Lake County Comprehensive Plan or Land Development Regulations.

**Property Owner:**

\_\_\_\_\_  
(Attach proof: Warranty Deed, etc.)

Mailing Address:

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

Phone Number:

(\_\_\_\_\_) \_\_\_\_\_ Facsimile Number:(\_\_\_\_\_) \_\_\_\_\_

**Applicant:**

\_\_\_\_\_

Mailing Address:

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

Phone Number:

(\_\_\_\_\_) \_\_\_\_\_ Facsimile Number:(\_\_\_\_\_) \_\_\_\_\_

**Legal Description:**

Please provide a complete legal description of the property. Attach a copy of the current Warranty Deed and Property Record Card.

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

What document(s) did you receive from Lake County suggesting that you had the right to develop your property (i.e., Lot of Record Determination, Lot Split, Letter(s), etc.)? Please list below and attach copies of the documents as proof.

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

How did you, in good faith, rely on the document(s) you received from Lake County (i.e., made physical improvements, made binding commitments, etc.)? Attach documentation such as copies of canceled checks, receipts for expenditures, contracts, etc., as proof of reliance. Attach additional letter(s) of explanation if necessary.

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

What provisions of the Lake County Comprehensive Plan or Land Development Regulations do you believe should not apply because of vested rights (i.e., Lot of Record Criteria, Timing of Residential Development Criteria, Acreage Requirements, etc.)? Attach additional letter(s) of explanation if necessary.

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

**Vested Rights Checklist**

- \_\_\_ 1. Substantial action taken to carry out an approved Plan.
- \_\_\_ 2. Documentation of expenditures of money for equipment.
- \_\_\_ 3. Documentation of expenditures of money for contractual obligations.
- \_\_\_ 4. Approvals for the project (permits, preliminary plat, etc.).
- \_\_\_ 5. Documentation of expenditures after approval (reliance in good faith).
- \_\_\_ 6. Value of expenditures in proportion to the total cost of the project.
- \_\_\_ 7. Reliance on Section 1.02.01, Statutory Vesting, Lake County Land Development Regulations.
- \_\_\_ 8. Reliance on Policy 1-12A.1, Vested Rights Provisions, Lake County Comprehensive Plan.
- \_\_\_ 9. Reliance on Florida Statutes 163.3167(8), "Nothing in this act shall limit or modify the rights of any person to complete any development that has been authorized as a development of regional impact pursuant to Chapter 380 or who has been issued a final local development order and development has commenced and is continuing in good faith."

I, \_\_\_\_\_, request a determination of vested rights from Lake County, pursuant to Ordinance 1996-13. I further understand that Lake County may suspend or revoke the vested rights determination upon a showing by Lake County that they made the determination based upon false, inaccurate, misleading, or incomplete information.

\_\_\_\_\_  
(Signature of the Applicant)

**A 1% service charge will apply if paying by credit card [CCARD] \$\_\_\_\_\_**  
**(of the total amount due)**

Vested Rights Determination [VRD\*] \$650.00 \_\_\_\_\_

**TOTAL: \$\_\_\_\_\_**

*Make checks payable to the **LAKE COUNTY BOARD OF COUNTY COMMISSIONERS***  
**A 1% service charge will apply if paying by credit card.**

**Intake Initials: \_\_\_\_\_ Date/Time Rec. \_\_\_\_\_ Project Name: \_\_\_\_\_**



### APPLICANT'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

1. That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings, and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are NOT RETURNABLE.

\_\_\_\_\_  
(Applicant's Signature)

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

- Personally known to me.
- Produced \_\_\_\_\_  
(Type of Identification)
- Did or  Did not take an Oath.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

(Seal)