



Department of Growth Management

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: _____

Address: _____

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

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

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 (not required if applying on-line)

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 _____ Aggregation of Parcels Required: Yes _____ No _____

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

Staff Planner Signature: _____