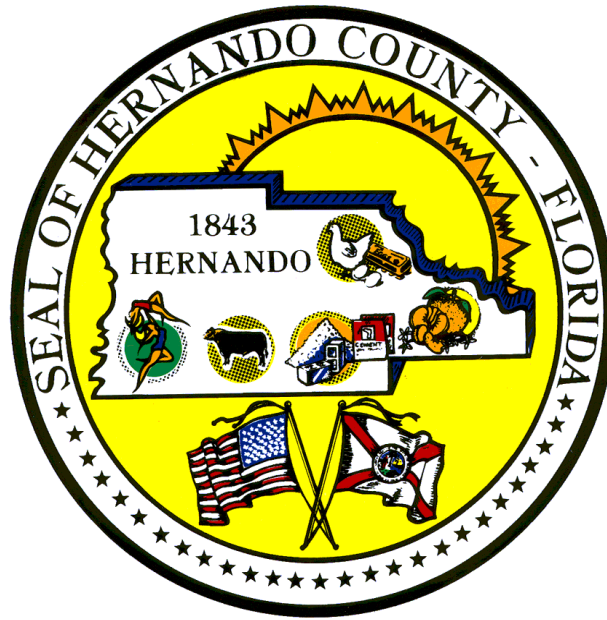


HERNANDO COUNTY

CLASS D SUBDIVISION APPLICATION PACKAGE



PLANNING DEPARTMENT
GOVERNMENT CENTER/ADMINISTRATION BLDG.
20 N. MAIN STREET
BROOKSVILLE, FL 34601
(352)754-4057
(352)754-4420 - FAX

INSTRUCTIONS FOR APPROVAL OF CLASS D SUBDIVISIONS
(A parcel division creating two parcels)

The following information must be supplied by the petitioner in order to be reviewed by Hernando County:

1. Complete application sworn by the petitioner, owner or representative.
2. Representative requires a notarized letter of authorization from the property owner.
3. Proof of ownership (copy of recorded deed).
4. **Property Split Tax Clearance Form must be executed by the Tax Collector's Office certifying property taxes on the property proposed to be split have been paid through the current tax year. (Form attached)**
5. **Six (6) copies of a survey, including the following:**
 - a. Lot dimensions of each parcel
 - b. Legal description of each parcel
 - c. Location and width of easement if required.
 - d. Location of any flood prone area within proposed subdivision (Zone A, B, or V).
6. **The parent parcel must front on a County owned and maintained right of way.** If access is created to a State Highway, contact Florida Department of Transportation for permits.
 - a. **Driveway location must be approved by the Hernando County Department of Public Works (application attached).**
 - b. The construction of the driveway improvements may be required to be installed prior to final approval.
 - c. **The minimum access and utility easement width is fifteen (15') feet and must be cleared and passable by automobile.** When a parcel is served via an easement the applicant is responsible for designating whether the driveway apron will be built prior to the subdivision approval or concurrent with building construction on the parcel.
8. The Southwest Florida Water Management District has requested to review all subdivisions for compliance with the District's rules and regulations. Any improvement of any newly created parcels may require permits from the District. Contact the Southwest Florida Water Management District Information.
9. **Filing fee of \$300.00.**
10. Upon approval of this Class D Subdivision, the Property Appraiser's Office will create separate parcels with individual parcel numbers, assessments and tax bills.
11. Each parcel created will receive individual fire assessment.
12. If you have any questions regarding this application, please contact the Hernando County Planning Department at (352) 754-4057.

Last Revision: 6/16/09

HERNANDO COUNTY APPLICATION FOR CREATING CLASS B, C OR D SUBDIVISION

Date: _____

Print or Type all information. Refer to instruction sheets for assistance or call the Planning Department at 352.754.4057.

| | |
|--|---|
| APPLICANT: | |
| Mailing Address: City, State, Zip Code: | |
| Daytime Phone: | FAX No.: |
| REPRESENTATIVE: | |
| Mailing Address: City, State, Zip Code: | |
| Daytime Phone: | FAX No.: |
| Legal Description: Write the complete legal description of the property below. Include Section, Township and Range; and Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary. | |
| SEC _____ TWP _____(S) RANGE _____(E) | |
| Size of Area Covered by Application: | |
| Highway & Street Boundaries: | |
| Number of Parcels Proposed: | |
| Minimum Size(s) of Lot(s) Created: | |
| ACKNOWLEDGMENT | |
| This acknowledgment must be signed in the presence of a Notary Public. | |
| I, _____, hereby state and affirm that I have read the instructions for filing this application and that: | |
| <input type="checkbox"/> I am the owner of the property covered under this application. | |
| <input type="checkbox"/> I am the legal representative of the owner of the property described, which is the subject matter of this application. | |
| All answers to the questions in said application, all sketches and data attached and made part of this application are honest and true to the best of my knowledge and belief. | |
| _____ Signature of Applicant or Representative | |
| STATE OF FLORIDA | |
| COUNTY OF HERNANDO | |
| On this the _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it. | |
| WITNESS my hand and official seal | |
| _____ Notary Signature | NOTARY SEAL & COMMISSION EXPIRATION: |
| The individual(s) are <input type="checkbox"/> personally known to me or, <input type="checkbox"/> presented the following Identification: _____. | |

Property Split Tax Clearance Form

Florida Statutes: Title XIV
§197 Taxation and Finance

§197.192 *Land not to be divided or plat filed until taxes paid.* No land shall be divided or subdivided and no drawing or plat of the division or subdivision of any land, or declaration of condominium of such land, shall be filed or recorded in the public records of any court until all taxes have been paid on the land.

As a result of the above statute, you are required to provide this form signed by the Hernando County Tax Collector's Office certifying that the taxes on the property proposed to be split have been paid through the current tax year.

DATE: _____

I, _____, hereby certify that the property taxes on parcel key number _____ have been paid through the current tax year.

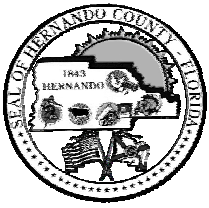
Juanita B. Sikes, CFC
Hernando County Tax Collector
*Hernando County Government Center
20 North Main Street, Room 112
Brooksville, FL 34601
(352) 754-4180*

By: _____

Print Name: _____

Title: _____

SEAL



HERNANDO COUNTY DEPARTMENT OF PUBLIC WORKS

1525 East Jefferson St. □ Brooksville, FL 34601 □ 352-754-4060

RIGHT-OF-WAY UTILIZATION PERMIT APPLICATION

| | | | |
|-----------|--|------------|--|
| APPLICANT | | CONTRACTOR | |
| PHONE | | PHONE | |
| ADDRESS | | ADDRESS | |
| CITY | | CITY | |
| STATE/ZIP | | STATE/ZIP | |

LOCATION OF WORK: _____

TYPE OF WORK: _____

START DATE: _____ COMPLETION DATE: _____

PERMIT BASE FEE = \$20.00

PLEASE CHECK APPROPRIATE BOX BELOW

Pavement Cut _____ x \$100 = _____

Unpaved Cut _____ x \$ 30 = _____

Jack & Bore _____ x \$ 20 = _____

Directional Bore _____ x \$ 20 = _____

Subdivision Sign _____ x \$ 50 = _____

Driveway Apron

Culvert

Utility

Power Pole Relocate

Mailbox

Landscaping

Other

TOTAL DUE \$

****Applicant must attach one (1) set of construction plans or a sketch covering the details of the proposed work.**

Make check payable to HERNANDO COUNTY DEPARTMENT OF PUBLIC WORKS (HCDPW)

Applications without fees will be considered incomplete and returned to applicant.
If you have any questions, please call 352-754-4060.

STANDARD CONDITIONS

- Authorized work shall be completed in accordance with the Right-of-Way Utilization Regulation, the provisions of Ordinance No. 88-5 and other applicable County requirements.
- When excavation is included in this permit, the holders shall notify all utility companies as required by state and local laws and regulations.
- Whenever necessary for the construction, repair, improvement, relocation, maintenance, safe and efficient operation, alteration or relocation of all or any portion of said facility as determined by the Hernando County Board of County Commissioners or its Designee, the said facility shall be immediately removed from said roadway or reset or relocated thereon at the expense of the owner.
- Applicant must complete and submit the attached indemnity Agreement prior to issuance of a Right-of-Way Utilization Permit.
- During construction, all Federal & State Regulations shall be observed, and the holder must take safe measure, including placing and display of safety devices, as may be necessary in order to safely conduct the public through the project area.
- In the case of failure of the applicant or his agents to comply with the County's requirements, a permit may become void, and the work shall have to be brought into compliance or removed from the right-of-way at no cost to the County.

I HEREBY CERTIFY THAT I HAVE MADE APPLICATION FOR THE PERMIT DESCRIBED ABOVE, THAT I HAVE PROPER AUTHORITY AND AUTHORIZATION TO APPLY FOR SUCH PERMIT, AND THAT I AGREE WITH THE CONDITIONS OF THE PERMIT.

SIGNATURE

DATE

INDEMNITY AGREEMENT

THIS AGREEMENT OF INDEMNITY entered into this (date) _____ day of (month) _____, 20____ by and between applicant (print name) _____, hereinafter called **Indemnitor**, and the County of Hernando, hereinafter called **Indemnatee**:

WITNESSETH:

WHEREAS, the Indemnitor has requested of the Indemnatee permission to do certain road work improvements, more specifically described as: **(MUST BE FILLED IN)**

WHEREAS, the Hernando County Board of County Commissioners has granted to the Indemnitor permission to make such improvements conditioned upon the executing of a good and sufficient Indemnity Agreement to save and hold harmless the County from any and all claims, suits, actions at law, demands or other liabilities which may arise or accrue against the County as a result of said right-of-way improvements by the Indemnitor.

NOW, THEREFORE, the Indemnitor, and each of them for themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally do hereby covenant and agree to indemnify and keep indemnified the Indemnatee, and hold and save harmless the said Indemnatee from and against all loss and damage (including damage to persons or property, be they private or public) arising from anything done by, or negligence of, (the Indemnitor, its subcontractors, the offices, agents or employees of it while engaged in said right-of-way improvements).

And the Indemnitors further agree to indemnify the Indemnatee against any suit, actions or actions at law or in equity which may be brought against the Indemnatee, its Board of County Commissioners, individually or otherwise, to recover damages for accidents, negligence or occurrences growing out of or arising from said right-of-way improvements above described, or from any other cause, or any proceedings that may be taken against the Indemnatee, individually or otherwise, arising therefore, and to save them harmless there from.

IN WITNESS WHEREOF, we have hereunto subscribed our names and affixed our respective seals the day, month and year first above written at Brooksville, Hernando County, Florida.

APPLICANT SIGNATURE

WITNESS

WITNESS

FOR OFFICE USE ONLY

Preconstruction date _____ by _____ Rough Inspection Due _____ Final inspection due _____

Comments:

