

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. **One signed/sealed copy of a survey or surveyor's sketch and description, 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 AE, Coastal AE, or VE).**
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 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.
7. 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.
8. **Filing fee of \$150.00**
9. Upon approval of this Class D Subdivision, the Property Appraiser's Office will create separate parcels with individual parcel numbers, assessments, and tax bills.
10. Each parcel created will receive individual fire assessment.
11. If you have any questions regarding this application, please contact the Hernando County Planning Department at (352) 754-4057.



HERNANDO COUNTY PLANNING DEPARTMENT CLASS D SUBDIVISION REVIEW APPLICATION

1653 Blaise Dr
Brooksville, FL 34601
(352)754-4057 Ext. 28020
Carrie Cline, Planner I – Email: cline@hernandocounty.us

Date: _____

APPLICANT: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone: _____ Email : _____
REPRESENTATIVE: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime Phone: _____ Email : _____
Legal Description: Write the complete legal description of the property below. Include Section, Township and Range, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary. _____ _____
PARCEL KEY NUMBER _____ 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:

I am the owner of the property covered under this application.

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 acknowledge that he/she/they executed it.

WITNESS my hand and official seal

NOTARY SEAL & COMMISSION

EXPIRATION:

Notary Signature

The individual(s) are personally known to me or, presented the following
Identification: _____.

HERNANDO COUNTY TAX COLLECTOR
AMY L. BLACKBURN, CFC

20 NORTH MAIN ST. ROOM 112 * BROOKSVILLE, FL 34601-2892
TELEPHONE (352) 754-4180 * FAX (352) 754-4189
www.hernandocounty.us/tc or www.hernandotax.us



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 of _____.

Amy L Blackburn, CFC
Hernando County Tax Collector
20 North Main Street, Room 112
Brooksville, FL 34601
(352) 754-4180

By: _____

Print Name: _____

Title: _____

SEAL

Class D Subdivision Department of Public Works Clearance Form

Pursuant to Hernando County Ordinance, Chapter 26, Section 26-3, Class D (1), Applicants must receive driveway location approval by the Department of Public Works prior to approval of the Class D subdivision. Department of Public Works is located at 1525 E. Jefferson St., Brooksville, FL 34601.

Please submit this form with one copy of the survey showing proposed driveway and access locations to the Department Of Public Works for review. The review results will be returned to the Subdivision Review Technician. A fee set by the Department of Public Works will be collected with the clearance form submittal.

Date: _____ Parcel Key: _____

Print Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email address: _____

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Review Results:

Department of Public Works inspector Name: \_\_\_\_\_

The proposed driveway location is **approved** by the Department of Public Works. At such time a driveway installation or Right-of-Way improvement is proposed, a Right-of-Way permit or Building Department driveway permit will be required prior to construction.

The proposed driveway location is **not approved**.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_