

WINTER HAVEN
The Chain of Lakes City

City of Winter Haven
Application for a Subdivision Plat

451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5600

For Official Use Only:

Date Received: _____ Received By _____

Fee Received: _____ Receipt Number: _____

Case Number: _____ Meeting Date: _____

Complies with Ch. 177 F.S.: _____ Checked By: _____ Date: _____

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Agent, if applicable: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION:

Proposed Name of Subdivision: _____

Location of Subdivision: _____

Legal Description of Parcel to be subdivided: _____

Parcel Identification Number(s): _____

Future Land Use Designation: _____ Zoning Classification: _____

Total Acreage: _____ Streets (select one): Public Private

Total Number of Buildable Lots to be Platted: _____

Total Number of Common Lots: _____

Please attach the following items:

- Legal description of the property being platted.
- A. Five (5) 24" x 36" prints of boundary survey describing lands being platted.
- B. Title Opinion for lands being platted.
- C. An 11 x 17 copy of the plat to be recorded.
- D. Five (5) 24" x 36" prints of the plat.

Items that will be required before recording of the plat:

1. Updated title opinion for lands being platted (dated no more than two (2) months before recording date).
2. Two (2) original mylar copies.
3. One (1) paper copy.
4. Receipt showing taxes have been paid.
5. Electronic version of the plat
6. Street light contract and/or letter (if applicable)
7. Street signage contract and/or letter (if applicable)
8. Recording fee, made payable to the Clerk of Courts, \$30 for the first page and \$15 each additional page. (These amounts are subject to change)
9. Surveyor's fee
10. Construction costs (if applicable), to be verified by Technical Services, on outstanding items that were found during a walk through with the City.
11. Letter of Credit (if applicable)

Note: The application fee does not include professional survey review fee or recording fees, which will be required separately.

Process for reviewing plats:

All copies of plats shall be submitted to the Planning Division with a completed application, application fee, and all items listed above (A – E). The plat will be distributed to reviewing departments for comments. Comments will be faxed and mailed to the applicant and owner/agent within the following timeframe:

- First submittal of the plat is a minimum of a 17 working day review period.
- Second submittal of the plat is a minimum of a 12 working day review period.
- Third, fourth, fifth, etc. submittal of the plat is a minimum of a 7 working day review period.

Any time that a comment letter is sent indicating that all comments have not been addressed, a re-submittal is required and the appropriate review period applies. Once all comments have been addressed, planning staff will notify the applicant and request that mylars be submitted.

A plat will not be scheduled for a City Commission meeting until all of the above items are completed and all items listed above (1-9) are received from the applicant. Staff cannot and will not give a date to go before the City Commission until the mylars have been submitted. Once planning staff receives the mylars, the applicant will be notified of the hearing date. A minimum lead time of three (3) weeks prior to a regularly scheduled City Commission Meeting is required.

If you have any questions regarding the platting process, please contact the Planning Division at 863-291-5600.

Ownership Signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I) (WE) _____ being duly sworn, depose and say that (I) (WE) own one of more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the City Commission with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____

Agent, lessee, or buyer signature

STATE OF FLORIDA:

COUNTY OF POLK:

(I) (WE) _____

being duly sworn, depose and say that (I) (WE) serve as _____ for the
Agent or Lessee

Owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity. Further, (I) (WE) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:

COUNTY OF POLK:

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____