



ISLAMORADA, VILLAGE OF ISLANDS
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR UNITY OF TITLE & RELEASE OF UNITY OF TITLE

Pursuant to Code Chapter 30, Article IV, Division 10 Pursuant to Section 30-431

Table with 2 columns: Application Type, Application Fee. Rows include Unity of Title (\$250.00) and Release of Unity of Title (\$250.00).

PLEASE NOTE: THIS APPLICATION IS ACCEPTED BY APPOINTMENT ONLY.

An application must be deemed complete and in compliance with the Village Code by Staff prior to the items being scheduled for review. See list of required submittals and documents below.

APPLICANT / AGENT (if applicable): Property owner must submit a notarized letter authorizing the applicant/agent to act on their behalf including the agent's name, address and phone number.

Name:
Mailing Address:
City: State: Zip:
Home/Mobile Phone: Office: Fax:
Email:

PROPOSED LOT REVISION

Have the existing lots been platted? Yes No

Description and Intent of proposed Lot Adjustment:

Have any applications been submitted for this site within the past three (3) years? Yes No

If yes, provide name of the applicant and date of application:

LOT 1 | PROPERTY OWNER AND LOT INFORMATION:

Name:
Mailing Address:
City: State: Zip:
Home/Mobile Phone: Office: Fax:
Email
Lot 1 Parcel Number: Zoning District: FLUM Category:
Total Land Area: Square Footage Acres
Existing Use of Property: Proposed Use of Property:

LOT 2 | PROPERTY OWNER AND LOT INFORMATION (if applicable):

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email _____
Lot 2 Parcel Number: _____ Zoning District: _____ FLUM Category: _____
Total Land Area: _____ Square Footage _____ Acres
Existing Use of Property: _____ Proposed Use of Property: _____

LOT 3 | PROPERTY OWNER AND LOT INFORMATION (if applicable):

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email _____
Lot 2 Parcel Number: _____ Zoning District: _____ FLUM Category: _____
Total Land Area: _____ Square Footage _____ Acres
Existing Use of Property: _____ Proposed Use of Property: _____

SUBMITTAL REQUIREMENTS: All of the following must be included in order to have a complete application submittal.

- Correct application fee.** Check or money order to "Islamorada, Village of Islands".
- Notarized agent authorization letter**, if applicable, including the agent's name, address and phone number authorizing the applicant/agent to act on all property owners' behalf.
- Original Deeds.** One (1) copy of existing recorded deed(s) for all properties of the unadjusted lot(s) of record.
- Property Record Cards** for all existing lots involved in the application.
- Opinion of Title**, no more than 60 days old, prepared and certified by an attorney licensed in Florida, on the Village approved form, verifying the current ownership and title of all interested parties, including mortgage holders, easement holders, etc. The opinion shall also contain a description of all encumbrances or deed restrictions which limit the use of the property.
- Declaration of Covenants, Conditions and Restrictions** (if applicable).
- Survey Requirements** (if there are improvements).
A survey for the existing lot(s) must accompany the application at the time of submission that clearly delineates between the existing conditions and the adjustments proposed, with an exhibit that clearly identifies the existing and proposed legal descriptions.

If deemed necessary to complete a full review of the application, the Planning and Development Services Department reserves the right to request additional information.

Application for Lot Adjustments & Exchanges

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I certify that all information required has been provided.

Digital signatures do not require notarization when they can be verified by a Trusted Certificate issued by a third-party Certificate Authority. If you are not using a “verifiable digital signature”, print this document and have it notarized. Digital signatures are only permitted on applications submitted through CityView Portal.

Signature of Applicant or Agent

Date

Print Name: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by means of _____ physical appearance or _____ online notarization, this _____ day of _____, 20 _____, by _____ (name of person signing the application) as _____ (type of authority e.g. officer, manager / member, trustee, attorney in fact) for _____ (name of entity or party on behalf of whom application was executed).

Signature of Notary Public

SEAL:

Personally Known Produced Identification

Type of ID _____