



CITY OF BELLEVIEW

City with Small Town Charm

www.bellevuefl.org

Development Services

5525 SE 119th St.

Bellevue, FL 34420

Office: 352-245-7021

dsstaff@bellevuefl.org

MASTER PLAN/PRELIMINARY/PLAT/RE-PLAT APPLICATION

Platting Type: Master Plan Preliminary Final Re-Plat

Property Owner Information:

Owner's Name: _____ Phone: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Project Location Information:

Proposed Plat Name: _____ Sec: _____ Twp: _____ Rge: _____

Parcel number(s): _____

Re-plat Information:

Subdivision: _____ Lots: _____ Block(s): _____ Unit(s): _____

Site Address(es) (if applicable):

Project Information:

Applicant: _____ Email: _____

Applicant's Address: _____ City: _____ State: _____ Zip Code: _____

CHECKLIST

Incomplete applications will not be processed

Master Plan

3 paper copies of proposed master plan

Preliminary

Opinion of Title (legal description matches verbatim)

3 paper copies of proposed plat/re-plat for staff review

Plat/Re-plat

Opinion of Title (legal description matches verbatim)

Declaration of Restrictive Covenants (if applicable)

3 paper copies of proposed plat/re-plat for staff review

Copy of professional survey

Letters of "no objection" (water/sewer, electric, telephone, cable, gas)

Signed/sealed Mylar boundary survey of plat in accordance with FS 177.101 for signature and recording (to be provided after City Commission approval)

NOTICE

OWNER'S AFFIDAVIT: I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

I _____ (applicant name) understand that the City of Bellevue has regulations regarding Zoning and development activities including: setbacks, lot coverage, and site plans and that I have attended a Site Plan Committee meeting (for commercial projects) or I have read and understand all regulations pertaining to my proposed project and the attached application and submittal package is complete.

Owner's Signature:

Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means
of physical presence or online notarization,
this _____ day of _____ 20_____,
By _____
Personally known to me _____ or has produced
_____ as identification.

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Notary Seal