



## City of Fort Myers

Planning Division  
1825 Hendry Street, Suite 101  
Fort Myers, FL 33901  
Phone: 239-321-7975

### **INSTRUCTIONS FOR LOT RECONFIGURATION CHAPTER 130 SUBDIVISIONS (SECTION 130-5 Lot combinations and recombinations)**

The Planning Manager and the Public Works Director, or their designees, may permit the reconfiguration of lots resulting in up to two (2) lots of record. The request shall be made by application and submitted to the Zoning Officer in the Community Development Department for review and evaluation.

The reconfiguration of two (2) or more lots of record into one lot is not a reconfiguration and must follow the requirements of the lot combination process, however, that any easements that are affected by such combination shall be vacated and/or relocated, as applicable in accordance with the Florida Statutes.

**Relocation of Easements.** All easements that are affected by a proposed lot reconfiguration must be vacated and relocated, if applicable, in accordance with the Florida Statutes.

**Appeals.** A denial of a lot reconfiguration request is an administrative decision, which may be appealed in accordance with the procedures set forth in the Land Development Code of the City of Fort Myers.

- 1) Application Fees were revised on October 1, 2014:
  - a. Residential: \$250.00
  - b. All other land uses: \$500.00
  
- 2) Attachments. The application for a Lot Reconfiguration must be made in writing on the application form provided by the City. The applicant shall provide the following:
  - a. Letter of Intent addressed to the City stating:  
The actual request (request for Lot Configuration);  
Why the request is being made;  
Name of the applicant and contact information.



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- b. A copy of the plat book and page, if applicable
  - c. Copies of the deeds, which establish the lots, are lots of record, if the lots are unplatted.
  - d. Copies of the most recent deeds for all of the affected lots.
  - e. A notarized statement of unified control or a notarized statement of agreement for the lot reconfiguration if co-applicants are applying for the reconfiguration.
  - f. An area location map.
  - g. A survey sketch showing the existing and proposed lot lines and the existing and proposed legal descriptions of the affected lots.
  - h. Forms to Sign and Notarize (Provided by City, See Attached)
    - 1) Agent authorization: sign in blue ink and notarize.
    - 2) Disclosure of ownership information: sign and certify applicable affidavit attached herein. Signed in blue ink and notarize. Pick one of the following:
      - a. Affidavit of beneficiaries
      - b. Disclosure of interest and authorization form [multiple owners]
      - c. Disclosure of interest and authorization form [corporate or partnership owner]
      - d. Disclosure of interest and authorization form [individual owner]
      - e. Disclosure of interest and authorization form [trustee owner]
- 3) Number of Copies. Please Provide: Two (2) original sets of the application together with 2 sets of all the attachments.

**Do not return the instruction sheet and the affidavits you do not use.**

**For questions and more information call the Planning Division, CDD, @ 239-321-7975 or email at [mjohn@cityftmyers.com](mailto:mjohn@cityftmyers.com).**



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## LOT RECONFIGURATION APPLICATION

1) PROJECT ADDRESSES:

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2) EXPLANATION OF LOT CONFIGURATION REQUEST:

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3) APPLICANT INFORMATION:

For Residential Property: Name, address, phone, and contact email for application.

For Non-residential Property: Name and address of all parties having interests in the subject property, including owners, major stockholders of corporations and beneficiaries of trusts (attach sheets if needed).

For Residential Property:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Office phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

For Non-residential Property:

Owner(s):	Corporations:
_____	_____
_____	_____
_____	_____
_____	_____

4) Agent: Contact person (agent) authorized to receive all communications regarding this application:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Office phone: \_\_\_\_\_



City of Palms

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Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

5) Properties that will be the subject of this application: Addresses and Strap #:

No. of Parcels: \_\_\_\_\_

1<sup>st</sup> Address: \_\_\_\_\_

Strap #1: \_\_\_\_\_

2<sup>nd</sup> Address: \_\_\_\_\_

Strap #2: \_\_\_\_\_

3<sup>rd</sup> Address: \_\_\_\_\_

Strap #3: \_\_\_\_\_

6) Description of Location of Property; if the are adjacent streets, please list them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Dimensions, Size of Property:

Your Property Currently:

Address: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Area in s.f: \_\_\_\_\_

Acres: \_\_\_\_\_

Your Property's New Dimensions when configuration is completed:

Address \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Area in s.f: \_\_\_\_\_

Acres: \_\_\_\_\_

Second property currently:

Address: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Area in s.f: \_\_\_\_\_

Acres: \_\_\_\_\_



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Second property when reconfiguration completed:

Address: \_\_\_\_\_  
Length: \_\_\_\_\_  
Width: \_\_\_\_\_  
Area in s.f.: \_\_\_\_\_  
Acres: \_\_\_\_\_

**STAFF ONLY**

**Nicole DeV Vaughn, Planning Manager**

Approve \_\_\_\_\_ Deny \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Richard Moulton, Interim Public Works Director**

Approve \_\_\_\_\_ Deny \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

H:\CDD-Admin\CDD-Dev Svcs\Forms\Lot Reconfiguration\Application Lot Reconfig - Rev 10-3-19.doc

# AGENT AUTHORIZATION AND AFFIDAVIT

I, (Name)

being first duly sworn, depose and say that I am the authorized representative of the owner(s) of the property described as:

No. of Parcels: \_\_\_\_\_

Addresses: \_\_\_\_\_

Strap #: \_\_\_\_\_

Agent Information: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby certify that the answers to the questions in this application and all sketches, data, and other supplementary materials attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before a hearing can be advertised.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, who is personally known

to me or has produced \_\_\_\_\_ as identification.

He/she acknowledged before me that he/she has executed this instrument for the reasons therein expressed.

Notary Public Signature: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**DISCLOSURE OF OWNERSHIP INFORMATION**

**(SIGN AND CERTIFY APPLICABLE AFFIDAVIT ATTACHED HEREIN)**

**DISCLOSURE OF INTEREST AND AUTHORIZATION FORM**

**[Individual Owner]**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the owner of the property described as:

No. of Parcels: \_\_\_\_\_

Addresses: \_\_\_\_\_

Strap #: \_\_\_\_\_

I do hereby appoint \_\_\_\_\_ as my authorized agent and/or attorney for the purpose of representing my interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature of  
Owner:

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Notary Name

My commission expires:



**DISCLOSURE OF INTEREST AND AUTHORIZATION FORM**

**[Corporate or Partnership Owner]**

I, (Name) \_\_\_\_\_  
As (Title) \_\_\_\_\_  
of (Corp.) \_\_\_\_\_

being first duly sworn, depose and say that

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

is the owner of the property described as:

No. of Parcels: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Strap #: \_\_\_\_\_

I do hereby appoint \_\_\_\_\_ as the Owner's authorized agent and/or attorney for the purpose of representing its interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature of  
Owner:

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by  
\_\_\_\_\_, who is personally known to me

or who has produced \_\_\_\_\_ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_  
Print Notary Name

**DISCLOSURE OF INTEREST AND AUTHORIZATION FORM**

**[Multiple Owners]**

We,

\_\_\_\_\_

being first duly sworn, depose and say that we are the owners of the property described as:

No. of Parcels: \_\_\_\_\_

Addresses: \_\_\_\_\_

Strap #: \_\_\_\_\_

We do hereby appoint \_\_\_\_\_ as our authorized agent and/or attorney for the purpose of representing our interests in the above-described property which is the subject matter of this application and proposed hearing. We understand that this application must be complete and accurate before a hearing can be advertised.

Signatures: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by

\_\_\_\_\_, who is personally known to me

or who has produced \_\_\_\_\_ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_  
Print Notary Name

**[add signature lines and notary clauses as needed on attached sheets]**

**DISCLOSURE OF INTEREST AND AUTHORIZATION FORM**

**[Trustee Owner]**

I, \_\_\_\_\_, Trustee, being first duly sworn, depose and say that I am the owner of the property described as:

No. of Parcels: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Strap #: \_\_\_\_\_

I do hereby appoint \_\_\_\_\_ as my authorized agent and/or attorney for the purpose of representing my interests in the above-described property which is the subject matter of this application and proposed hearing. I understand that this application must be complete and accurate before a hearing can be advertised. I hereby disclose that the four largest beneficiaries of the Trust are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Printed Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification. He/she has acknowledged to me and before me that he/she executed this instrument for the purposes therein expressed.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_  
Print Notary Name

**AFFIDAVIT OF BENEFICIARIES**

I, (Name)

\_\_\_\_\_ as a beneficiary of that certain land trust which owns property identified as follows:

No. of Parcels: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
Strap #: \_\_\_\_\_

I hereby disclose that I am a beneficiary under said land trust and consent to the filing of an application for a public hearing on the above described property. I understand that this application must be complete and accurate before a hearing can be advertised.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Office phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_, who is personally known to me or has

produced \_\_\_\_\_ as identification. He/she acknowledged before me that he/she has executed this instrument for the reasons therein expressed.

Notary Public Signature \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My commission expires: