

Planning Application

Unity of Title (Legally Merging Separate Parcels)



Planning & Economic Development Department
2240 Minton Road
West Melbourne, FL 32904-4928
phone: (321) 837-7778
fax: (321) 768-2390
www.westmelbourne.org



Title Application

**NO PLANNING APPLICATION CAN BE ACCEPTED
UNLESS ALL REQUIRED INFORMATION IS
SUBMITTED.**

GENERAL PROJECT INFORMATION

Date: _____

Applicant Name: _____

Property Address/
Location Description: _____

Legal Description: section _____ township _____ range _____

(attach survey) _____

Tax Acct. Number(s): _____

Acreage of Site: _____ Number of
Structures on Site: _____

CONTACT INFORMATION

Property Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____
(Submit additional sheet(s) for multiple property owners)

Applicant: _____

Applicant Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Applicant's Representative

(Person to receive communication from the City): _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

OWNER'S AUTHORIZATION FOR UNITY OF TITLE

This form only needs to be completed if the Applicant or Applicant's Representative is different from the Owner

DATE: _____

TO: City of West Melbourne
Attn: Community Development Department
2240 Minton Road
West Melbourne, FL 32904

RE: _____
(Project Name and Address or Legal Description)

Please accept this document as authorization for _____
(Name of Applicant)

Combine lots (Unity of Title) of the property described above.

Owner's signature _____
Date

Owner's Printed Name

Street Address

City, State, Zip Code

Telephone Number

The signed applicant appeared before me and personally subscribed and sworn before me on this _____ day of _____, 20_____.

Form of identification: _____

My commission expires on the _____ day of _____, 20_____.

Signature of Notary Public (Seal of Notary)

Name of Notary (printed, typed, or stamped)

(this page gets recorded)

UNITY OF TITLE

Whereas the undersigned is the fee simple owner(s) of the following property situated in West Melbourne Florida and in consideration of the issuance of a permit to _____

_____ for the construction of _____

in Brevard County, Florida, and for other good and valuable considerations, the undersigned hereby agree to restrict to use of:

Lot(s) _____, Block _____, Subdivision _____

Plat Book _____, at Page _____ of the Public Records of Brevard County, Florida, **or** property being otherwise described by metes and bounds as:

in the following manner --

1. That said property shall be considered as one plot and parcel of lands and that no portion of said plot and parcel of land shall be sold, transferred, devised, assigned, or mortgaged separately except in its entirety as one plot or parcel of land.
2. The undersigned further agrees that this condition, restriction and limitation shall be deemed a covenant running with the land, and shall remain in full force and effect, and be binding upon the undersigned, their heirs and assigns until such time as the same may be released in writing by the authorized representative of the Planning and Growth Management Department of West Melbourne, Florida.
3. The undersigned further agrees that this instrument will be recorded in the public records of Brevard County, Florida, provided, however, that the City Manager may approve the rescinding of this covenant upon the presentation of a new recorded covenant which complies with the laws applicable to the new uses intended.
4. This covenant shall be automatically rescinded and the record title automatically cleared thereof upon the filing of a plat of record of the entire property above described or of any portion so subdivided.

Signed, sealed, executed, and acknowledged on this _____ day of _____, _____ at City of West Melbourne, Florida.

Owner's signature

Date

WITNESSES:

(Printed Name)

(Printed Name)

STATE OF FLORIDA COUNTY OF: _____

I Hereby Certify That on This _____ Day Of _____, _____ (Year)

Before Me Personally Appeared _____

Or has produced Identification _____ known as the Person Described

And who Executed Thereof to be their Free Act and Deed for the Uses and Purposes Therein Mentioned.

WITNESS MY SIGNATURE AND OFFICIAL SEAL

IN THE COUNTY AND STATE AFORESAID, THE DAY AND YEAR LAST AFORESAID.

NOTARY PUBLIC SIGNATURE _____

PRINTED NAME _____

NOTARY COMMISSION NUMBER _____

MY COMMISSION EXPIRES _____

UNITY OF TITLE REQUIREMENTS

Reviewing Bodies

- City Staff

Your submittal must include the following:

1. Completed application form (to be submitted with the building permit).
2. Owner's Authorization (if applicable)
3. Certified Survey (Signed and sealed, not more than one year old, by a land surveyor registered and licensed in the state, that shows the current lot layout, and another survey that shows the lots to be combined (a "before" and "after" view of the proposed unification of properties). The City may require a more recent certified boundary survey unless the property is in a subdivision with clearly defined monument corners.
4. Certificate of Title (from an attorney or title insurance company)
5. Other information deemed necessary by the Planning Director for the review of the proposed project.
6. A recorded copy of the Declaration of Unity of Title must be submitted prior to issuance of a Certificate of Occupancy or Certificate of Completion for new buildings, building additions or property improvements involving building permits.

Note: There is no fee for submittal to the City, although the City Clerk will send an invoice if we as an agency get the document recorded for the recording fees from the Brevard County Clerk of the Court.

(separate this page and send along with the recorded document)

To: Brevard County Property Appraiser

**REAL PROPERTY RETURN REQUEST FOR
COMBINATIONS AND SPLITS**

Changes to Property Lines May be Subject to Taxation
in Brevard County

Per: Owner[] Agent[] Letter[]

Unity of Title[] ORB Pg

PLEASE COMBINE THE FOLLOWING:

Property Identification Number or Property Tax Account(s):

Print _____
Owner(s)

Owner/Agent Signature

Address _____

City State Zip

() _____

Phone Number

ORB _____ PG _____

Check one that applies:

COMMERCIAL: _____

RESIDENTIAL: _____

OTHER: _____

Submitted Date ____ / ____ / ____

Agent Signature _____