



CITY OF MADEIRA BEACH

PLANNING & ZONING DEPARTMENT

300 MUNICIPAL DRIVE ♦ MADEIRA BEACH FLORIDA 33708

(727) 391-9951 EXT. 255 ♦ FAX (727) 399-1131



Unity of Title Application

***Applicant:** Name and Address

Telephone: (_____) _____

Email: _____

***Property Owner:** Name and Address

Telephone: (_____) _____

Email: _____

Application for Property 1 located at: (Street Address or Location of the Vacant Lot)

Legal Description Of Property 1:

Parcel Number:

Lot Area: _____

Width: _____ ft.

Depth: _____ ft.

Zoning District: _____

Present Structures on Property: _____

Present Use of Property: _____

DISCLAIMER: According to Florida Statutes, Chapter 119, it is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency. All Documents and information not specified in F.S. 119.071 and 119.0713 are subject to public record requests.

Application for the Property 2 located at: (Street Address or Location of the Vacant Lot)

Legal Description Of Property 2:

Parcel Number:

Lot Area: _____ **Width:** _____ **ft.** **Depth:** _____ **ft.**

Zoning District: _____

Present Structures on Property: _____

Present Use of Property: _____

PLEASE ATTACH REQUIRED SUPPORTING MATERIALS:
Answer Application Requirement Questions.

Provide A Unity of Title Document from the Pinellas County Clerk of the Circuit Court when completed.

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APPLICATION REQUIREMENT QUESTIONS

(1) The number of lots created is not increased;

(2) All new lots meet the dimensional regulations of the current applicable zoning district or are not diminished in size if the original lot(s) did not meet the minimum requirements of the Land Development Code;

(3) All lots have legal access;

(4) No utility extensions are required.



**** For City of Madeira Beach Use Only****

Fee: _____ Check # _____ Cash Receipt # _____

Date Received: ____ / ____ / ____

Received by: _____

_____ Unity of Title Fee \$100.00

X _____
Linda Portal, Community Development Director

Date: ____ / ____ / ____

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PROCEDURE FOR COMPLETING UNITY OF TITLE FORM

This document cannot be recorded with the Clerk of Circuit Court unless **ALL OF THE INFORMATION** has been completed.

1. Insert the full name of all property owners. (The City of Madeira Beach will require proof of ownership. Copy of a deed, tax bill or title insurance policy will be sufficient in most instances.)
2. What is being constructed (single family home, commercial, industrial building), number of square feet of proposed structure, and proposed type of use.
3. Insert the Lot, Block, and Subdivision, if the legal is not lengthy. Add the official records book and page number if available.
4. Legal description is attached as **EXHIBIT "A"**
5. **ALL** owners **MUST** sign. If the property is owned by a Corporation, the authorized officials **MUST** sign and include their title/office held with said Corporation.
 - a. _____
Owner, a single man
 - b. _____
Owner
 - c. _____
Smith Corporation
by: _____
John B. Smith (Seal)
President
by: _____
Mary A. Smith
6. All corporations must **AFFIX** their Corporate Seal next to the signatures of officers.
7. Witness: Two persons **MUST** sign as witnesses to the signatures of the property owners or signatures of the corporate officers.
8. Insert name of owners or name of Company and officers.
9. Insert date.
10. Notary **MUST** sign, fill in Commission number and affix seal/stamp and also the section under notary signature must be completed.
11. Prepared buy **MUST BE COMPLETED** as follows:

NAME of person preparing document

FULL ADDRESS (including zip code)

PHONE: (AREA CODE) NUMBER

PROPERTY OWNER'S ACKNOWLEDGEMENT OF UNITY OF TITLE

In consideration of the issuance of a Permit to _____ the owner of the following described property, for construction of _____ in the City of Madeira Beach, Pinellas County, Florida, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby agrees to restrict the use of Lot (s) _____. Block _____; _____ Subdivision, according to the map or plat thereof recorded at Plat Book _____, Page(s) _____, of the Public Records of Pinellas County, Florida, or property being otherwise described by metes and bounds as:

in the following manner:

1. That although said properties are lots of records, the same shall hereafter be considered as one plot and parcel of land, and that no portion of said plot and parcel of land shall be sold, transferred, devised, or assigned separately.
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 Board of Commissioners of the City of Madeira Beach; Florida, which such release shall be made upon:
 - a. the satisfaction of or compliance with, or
 - b. the granting of an appropriate variance from the requirements of the current Land Development Code of the City of Madeira Beach.
3. The undersigned further agrees that this instrument may be recorded in the Public Records of Pinellas County, Florida.
4. The undersigned hereby acknowledges that he is the owner of the above-described real property, and that he has full authority to execute this Property Owner's Acknowledgment of Unity of Title.
5. As used herein, the term "property owner" or "owner" shall include the heirs, assigns, successors, and legal representatives of the undersigned. The use of the singular number shall include the plural, and the plural the singular. The use of any gender shall include all genders.

SIGNED, SEALED, EXECUTED AND ACKNOWLEDGED on this _____ day of _____ 20__

WITNESSES:

PROPERTY OWNER (S):

STATE OF FLORIDA	The foregoing instrument was acknowledged before me this _____
COUNTY OF _____	(DATE)
By:	_____
	(name of person acknowledging and title of position) who is personally known to me
	or who has produced _____ (Type of Identification) as identification and who did (did not) take an oath.
(SEAL ABOVE)	_____
	Notary Public, _____ Commission No. _____
	(Name of Notary typed, printed or stamped)
Attention Notary: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized documents.	
THIS CERTIFICATION MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:	Title or Type of Document _____
	Number of Pages _____ Date of Document _____
	Signer(s) Other than Named Above _____

PREPARED BY:

