RESET

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Pinellas County Property Appraiser
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PARCEL SPLIT REQUEST

Before signing this application, please read in its entirety and answer the following questions:

1. **Have you obtained approval from the Building/Zoning Department?** ☐ Yes (attach approval) ☐ No. We may forward your request to the Building/Zoning Department. If results of the requested action will not meet current parcel requirements, we may not fulfill the request.
2. **How many building structures/units are on the parcel?** ☐ None ☐ 1 or More
3. **Does the above parcel have homestead exemption?** ☐ No ☐ Yes, tax status may be affected. If the parcel is currently receiving a homestead exemption, the exemption will only remain on the parcel that includes the homestead residence. The new parcel will not receive the benefit of the homestead "Save-Our-Homes" or non-homestead "cap" as of January 1st of the following year and the taxes will be based on the full market value. If recombined at a later date, the full market value of the added parcel will be added to the value of the homestead parcel above the Save-Our-Homes cap.
4. **Have all property taxes been paid?** ☐ Yes ☐ No STOP Per *Section 197.192, Florida Statutes,* "Land shall not be divided until all taxes have been paid". Please contact the Pinellas County Tax Collector's office at (727) 464-7777 or www.pinellastaxcollector.gov for payment of taxes if current tax year and before Nov 1.

Parcel No _____ Property Address _____
(List multiple addresses on a separate sheet if assigned)

Reason for Request

Please Note: The owner must submit legal description and/or surveys for each parcel as they would appear after a split. Reconfiguring parcels on the tax roll does not alter zoning or parcel conformity requirements or create any entitlements as to current or future property use.

The Property Appraiser reserves the right to investigate and inspect the premises to confirm its status. Once the requested information has been provided to our office it will be subject to review. Owner acknowledges condition of split/separation and includes it with split/separation request. Meeting the above conditions does not imply approval of split/separation.

Current owners of record, or agent with a power of attorney, must sign this request.

Owner Signature _____ Date _____

Print Name/Title _____ Phone _____

Email* _____

Add'l Owner Signature _____ Date _____

Print Name/Title _____ Phone _____

Email* _____

Submit via USPS mail to the PO Box address, or scan/email this completed form to pcpamapping@pcpao.gov.

*Under Florida Law, email addresses are public record. If you do not want your email address released in response to a public records request, omit your email address when completing this form, or do not send electronic mail to this entity. Instead, contact this office by phone or in writing. Section 119.01, Florida Statutes.