

MIKE TWITTY, MAI, CFA

Pinellas County Property Appraiser

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PARCEL SPLIT REQUEST

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Веј	fore signing this application, please read in its entirety and	answer the follow	ring questions:	
1.	Have you obtained approval from the Building/Zoning forward your request to the Building/Zoning Departm parcel requirements, we may not fulfill the request.	•		No. We may not meet current
2.	How many building structures/units are on the parce	el? 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. It 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.			
	Have all property taxes been paid? Yes No Per <u>Section 197.192, Florida Statutes,</u> "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. Property Teel No Address			
Pa	rcei no Au		multiple addresses on a separate	sheet if assigned)
	ason for quest			
Re	ease Note: The owner must submit legal description and, configuring parcels on the tax roll does not alter zoning ocurrent or future property use.	•		
inf	e Property Appraiser reserves the right to investigate and ormation has been provided to our office it will be subject includes it with split/separation request. Meeting the ab	t to review. Owne	er acknowledges condition	of split/separation
Cu	rrent owners of record, or agent with a power of atto	ney, must sign t	his request.	
	Owner Signature		Date	
	Print Name/Title		Phone	
	Email*			
A	dd'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.

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