



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
 Tel. 352.374.5249, Fax. 352.338.3224
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
 building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

APPLICATION FOR ADMINISTRATIVE FAMILY HOMESTEAD EXCEPTION

(Chapter 402, Article 23 of ULDC)

GENERAL INFORMATION (BY APPLICANT)

(If Applicant is different from the owner, attach a letter of authorization – see Section 402.06 of ULDC)

Application Date: _____

Applicant: _____ Property Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

Email Address _____

Tax Parcel #: _____ - _____ - _____ Section: _____ Township: _____ Range: _____ Grant: _____

Total Acreage: _____ Zoning: _____ Land Use: _____

Legal Description of Parent Parcel: _____

Immediate Family Member Name(s) and Relationship of each to the Applicant:

| Family Member | Name of Family Member | Relationship (Spouse, Child, etc) |
|---------------|-----------------------|-----------------------------------|
| 1 | | Head of Household |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Check below to indicate submittal of required documentation:

Applicant Codes Specialist

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Site plan and legal descriptions of all lots. |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof that lot is a legal lot of record as defined in the ULDC. |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof that all lots have a minimum 250' of frontage on a public road or have obtained approval from the Public Works Department for a common driveway and/or alternate access via easement road |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation that parcel is designated as Rural/Agriculture on the Comprehensive Plan's Future Land Use Map. |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of personal identification and proof of relationship of both the property owner and immediate family member(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of fee-simple ownership of property for a minimum of five years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of signed and notarized affidavit. |

(see reverse)



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I have completed this checklist accurately and acknowledge that if omissions or errors are found by Growth Management staff they will cause delays in the processing of my application and may result in additional fees.

Application Processing Fee: \$70 – payment due with application submittal

Signature of Applicant: _____ **Date** _____

FOR BUILDING DIVISION USE ONLY

APPROVED: Yes No Date Received: _____ Fee\$: _____ Receipt No: _____
 Building Specialist Initials: _____
 Director of Growth Management or Designee: _____ Date: _____