



Request for Cut-Out of Parcels

Owner: Parent STRAP:
Site Address: Legal Description:

IMPORTANT NOTICES

Prior Approval by County Offices

A parcel split by the Property Appraiser’s Office is for ad valorem taxation purposes ONLY, and does not imply the legality of the land division being requested, the legality for such parcel to be conveyed via land title nor the suitability of such parcel to be developed. Prior legal approval for parcel splits from the appropriate zoning, planning or community development agency of your jurisdiction is **STRONGLY ENCOURAGED**. It is recommended to contact the appropriate land development, zoning, and/or planning department of your jurisdiction for questions concerning property development. The St. Johns County Property Appraiser does not issue determinations regarding the legality of parcel splits, and will not advise owners on such matters.

SUGGESTED CONTACTS:

St. Johns County	<i>County Development Review Division</i>	(904) 209-0660
City of St. Augustine	<i>Planning and Zoning Director</i>	(904) 825-1065
City of St Augustine Beach	<i>Planning and Zoning Director</i>	(904) 471-8758

Assessment Limitation “Cap”

Parcel splits may affect the market and/or assessed value of the subject parcels, and may increase taxes by affecting existing capped values. A split will relinquish the 3% “Save Our Homes” Cap or my 10% Non-Homestead Cap (deferred assessment) on the parcel being split. If at a future date you choose to reverse the process, the assessment limitation “cap” will NOT be restored to its former level.

Acknowledgement

By initialing, either by the owner or the owner’s representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information prior to the initiation of this action.

_____ Initial _____ Date



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REQUIREMENTS

- 1. The owner of record as of January 1st must complete in its entirety and sign a "PR-CUTOUT – Request for Cut-Out of Parcels" to the Property Appraiser’s Office prior to end of the 25 day Protest period (approximately mid-September).

The owner of record after January 1st may request a "DR-518 – CUTOUT REQUEST" with the Tax Collector’s Office after the tax bills are sent out (approximately November 1st). A "DR-518 – CUTOUT REQUEST" will split the tax bill for that year.

- 2. All taxes currently payable, due or delinquent, must be paid on the parent parcel.

Pursuant to F.S. 197.192 the Property Appraiser’s Office will not split parcels until all taxes currently payable, due or delinquent, have been paid to the Tax Collector’s Office.

- 3. A recorded legal description (e.g. deed, plat, survey, etc.) of the proposed cut-out parcel must be provided.

Please select and provide one of the following:

I/We are requesting that the following **Platted Subdivision Lot(s) or Condominium Unit/Garage Number** be cutout _____. I/We have provided the Property Appraiser’s Office with a copy of a recorded legal description of the cutout which can also be located in Office Record Book ____ on Page _____.

I/We are requesting that a **Metes and Bounds legal, Unplatted Subdivision Lot(s), or Partial Platted Subdivision Lot(s)** be cutout. I/We have provided the Property Appraiser’s Office with a copy of a recorded legal description of the cutout which can also be located in Official Record Book ____ on Page _____.

- 4. Acknowledgement

By initialing, either by the owner or the owner’s representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information prior to the initiation of this action.

_____ Initial _____ Date



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Owner or Owner's Authorized Representative

By signing below, whether by the owner or the owner's representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information. A copy, signed by this office shall serve as proof that this request is being processed by the Property Appraiser's Office. The **processing time of 2 to 4 weeks** of this request should not hinder business matters (e.g. real estate closing).

Signature: _____ Date: _____
If submitted and signed by a representative, a letter of authorization from the owner(s) is required.

Print Name: _____ Phone: _____

Email Address: _____

Please email completed form to gis@sicpa.us or fax to (904) 827-5580.

Official Use ONLY – please do not write below.

Receiving Deputy's Signature: _____ Date: _____

Cut-Out Completed.
 Child STRAP: _____ Effective Year: _____

Cut-Out Denied.
 Cut-Out cannot be processed for the following reason(s):

Processing Deputy's Signature: _____ Date: _____