



**DEVELOPMENT & PLANNING**

develop\_plan@cityoflynnhaven.com

850-248-0506

**ADMINISTRATIVE PARCEL AMALGAMATION  
APPLICATION AND CONSENT FORM**

**Applicant Name: (attach Letter of Authorization from property owner, if Applicant is acting as agent for the owner)**

**Applicant Contact Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Co-Applicant Contact Information: (attach Letter of Authorization from property owner, if Co-Applicant is acting as agent for the owner)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Bay County Property Appraiser Parcel ID Numbers for All Affected  
Parcels:**

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME personally appeared \_\_\_\_\_ and  
\_\_\_\_\_ who is/are personally known to me or who produced  
\_\_\_\_\_, as identification.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print name

My Commission Expires:

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**CONSENT**

I, \_\_\_\_\_, City Planner for  
the City of Lynn Haven, have now reviewed the above Application and find  
that the lot amalgamation, as proposed above, would conform to the City's  
Unified Land Development Code, and I hereby give my consent and approval  
for said lot amalgamation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date