

CITY OF PARKER AGENDA ITEM SUMMARY

DEPARTMENT MAKING REQUEST/NAME OF PRESENTER: Ilars PURPOSE:	2. MEETING DATE: 12/09/2025
PURPOSE:	
plication for Parcel Combination	
S THIS ITEM BUDGETED (IF APPLICABLE)	
YES NO N/A X	



CITY OF PARKER

1001 WEST PARK STREET, PARKER, FLORIDA, 32404 TELEPHONE (850) 871-4104 - FAX (850) 871-6684

Comb

		
Request for	Date of Submittal:	
ombining or Separation of Parcel	BLDG Permit #:	
o i mandi, of falce,	Land Use Designation:	
Applicant Information:	Parcel ID #:	
Name of Property Owner: FRANK SELLARS		
Site Location: 4548 CEDARST 25516 -000-000 AND 25529-140-000		
Telephone #: 950-866-9256 Email: FSELLARS 324@ G-MAIL. Com		
Reason for Parcel Split or Combination: ELimiNATE LAND LOCKED PARCEL		
Submit detailed professional survey showing proposed combination or split of parcel.		
I hereby certify, under penalty of perjury, that I have read and understood the provisions of this permit and that the information provided herein is true and correct to the best of my knowledge		
Signature of Applicants. Sept 18 2025		
Signature of Approval:	_Date:	
Comments:		

