



CITY OF PARKER AGENDA ITEM SUMMARY

1. DEPARTMENT MAKING REQUEST/NAME OF PRESENTER:

Dastgerdi

2. MEETING DATE:

12/09/2025

3. PURPOSE:

Application for Lot Split

4. IS THIS ITEM BUDGETED (IF APPLICABLE)

YES

☐

NO

☐

N/A X

Parcel # 26212-000-000 (121 Blackshear Dr)
REQUEST FOR LOT SPLIT



CITY OF PARKER

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

Request for Combining or Separation of Parcel

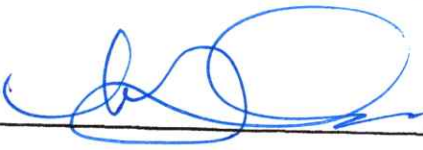
Date of Submittal: _____
BLDG Permit #: _____
Land Use Designation: _____
Parcel ID #: _____

Applicant Information:

Name of Property Owner: MEHDI DASTGERDI
Site Location: 121 Blackshear Dr.
Telephone #: 850-258-7747 Email: mdastgerdi@yahoo.com
Reason for Parcel Split or Combination: would like to separate
in two lots and sell the house

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 Applicant:  Date: 10-14-25

Signature of Approval: _____ Date: _____

Comments: _____

