



**COMMUNITY DEVELOPMENT DEPARTMENT**  
 1225 MAIN STREET ■ SEBASTIAN, FLORIDA 32958  
 TELEPHONE (772) 589-5518 ■ [www.cityofsebastian.org](http://www.cityofsebastian.org)

**DISSOLUTION OF UNITY OF TITLE**

**Owner Information:**

Property Owner:
Mailing Address:
Phone Number:
Email:

**Subject Site Information:**

Site Address:		Tax Parcel Number(s):	
Lot:	Block:	Subdivision:	
Date Unity of Title Recorded:		O.R. Book:	Page:

**Dissolution Desired (example: release all lots, release just one lot, etc.):**

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**If Known, Reason For Unity of Title:**

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**SUBMITTAL CHECK LIST:**

Completed Form	_____
Processing Fee \$75.00 (Checks payable to City of Sebastian)	_____
Copy of Original Unity of Title	_____

**(TO BE COMPLETED BY CITY STAFF)**

DATE RECEIVED:	FEE PAID:
FIELD INSPECTION DATE:	INSPECTOR:
APPROVED:	DENIED:
STAFF COMMENTS:	