

**(GENERAL PUBLIC)**  
**APPLICATION FOR PURCHASE OF SURPLUS LAND**  
**BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND**  
**OF THE STATE OF FLORIDA**

This application is to be used in order to apply for the purchase of surplus land title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida (Board of Trustees). If you have any questions, after reading this application form, you may call (850) 245-2720 for assistance.

**SPECIAL NOTE TO ALL APPLICANTS: SUBMITTAL OF A COMPLETE APPLICATION SHALL NOT OPERATE TO CREATE ANY RIGHTS OR CONSTITUTE ANY GROUNDS FOR THE DEPARTMENT TO RECOMMEND APPROVAL OF ANY SALE. THE BOARD OF TRUSTEES HAS THE AUTHORITY AND RESERVES THE RIGHT TO DENY ANY APPLICATION TO PURCHASE SURPLUS LAND. ALL COSTS INCURRED BY APPLICANTS COMPLYING WITH THE REQUIREMENTS OF THIS APPLICATION SHALL BE AT THEIR OWN RISK. COSTS ASSOCIATED WITH PURCHASING SURPLUS LAND ARE NON-REFUNDABLE AND SHALL BE ASSUMED BY THE APPLICANT INCLUDING, BUT NOT LIMITED TO, ALL APPRAISALS, ALL SURVEYS, ALL TITLE SEARCHES, AND ALL RECORDING FEES.**

**PRIOR TO COMPLETING THE APPLICATION PLEASE BE ADVISED THAT:**

Staff will recommend denial of any purchase offer that is less than the Department's minimum sales price for the surplus land proposed for sale;

Real property and improvements shall be sold "as is" with no warranties or representations whatsoever pursuant to Section 18-2.018(3)(b), Florida Administrative Code;

All surplus state land shall be conveyed by quitclaim deed which shall contain an oil and mineral reservation in favor of the Board of Trustees pursuant to Section 270.11, Florida Statutes; and

All sales of surplus state land shall be for cash, cashier's or certified check and all closings shall be in accordance with a sales contract approved by the Board of Trustees.

***Applicant Information:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Representative Information: Only complete if someone will be handling this transaction on your behalf.***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Property Information:***

County: \_\_\_\_\_ Property Appraiser's Parcel Number: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

Intended Use of Property: \_\_\_\_\_

***Include the Following with the Application:***

\_\_\_\_ Most recent available aerial photograph with the surplus property identified.

\_\_\_\_ Names and addresses, as shown on the latest county tax assessment roll, of all owners of land lying within 500 feet of the surplus property proposed for sale, certified by the county property appraiser (**not required if the parcel does not exceed 5 acres in area**).

\_\_\_\_ A county tax map identifying the surplus parcel proposed for sale.

***Applicant Property Information:***

\_\_\_\_ Do you the applicant own or have a beneficial interest in any parcel of land adjoining the subject parcel or within a one mile radius of the subject property.

\_\_\_\_ If yes, please provide legal descriptions, county tax maps, date purchased, purchase price and any other pertinent information.

\_\_\_\_ To the best of your knowledge, does the property that you are inquiring about have any marshy or wet areas?

Yes No If yes please describe:

***Items that you will need to provide during the process, but not at the time of application:.***

\_\_\_\_ Payment in the form of a cashiers check or certified check for the cost of the appraisal and any other necessary products. Staff will notify you regarding these costs and when they will be due.

\_\_\_\_ Two prints of a certified survey of the surplus property meeting the minimum technical standards of Chapter 5J17, Florida Administrative Code, that contain the boundary, legal description, and acreage of the property.

**Mail Completed Application with Attachments to:**  
Bureau of Public Land Administration  
3800 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000, Mail Station #130