

PROJECT #: _____



PLANNING & DEVELOPMENT

1101 E. FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
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BORROW PIT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

BORROW PIT OPERATION EXCEEDING 500 CUBIC YARDS: YES NO

PROJECT

PARCEL ID #:			
PROJECT NAME:			
DESCRIPTION OF PROJECT:			
INTENDED USE OF PROPERTY:			
LOCATION:			
ZONING:	FUTURE LAND USE:	TOTAL ACREAGE:	BCC DISTRICT:

APPLICANT

EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:		COMPANY:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

CONSULTANT

EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME:		COMPANY:	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

OWNER(S)

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S):			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	EMAIL:		

UTILITIES

WATER:	<input type="checkbox"/> WELL	<input type="checkbox"/> WATER PROVIDER:
SEWER:	<input type="checkbox"/> SEPTIC (ADD'L \$35 FEE DUE)	<input type="checkbox"/> SEWER PROVIDER:

ARBOR

ARE ANY TREES BEING REMOVED?:	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE ATTACH ARBOR APPLICATION AND FEE
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SITE

TOTAL IMPERVIOUS SURFACE AREA:	
BUILDING AREA	EXISTING: _____ NEW: _____
PAVEMENT AREA	EXISTING: _____ NEW: _____
CUBIC YARDS OF EXCAVATION PROPOSED:	SIZE OF VEHICLES USED FOR HAULING:
PLANNED START DATE:	ANTICIPATED LENGTH OF TIME:
HOURS OF OPERATION:	DAYS OF OPERATION:

FEES

<input type="checkbox"/> BORROW PIT <u>OVER</u> 500 CUBIC YARDS:	\$1,000 PLUS \$150 PER ACRE EXCAVATED (MAX FEE \$5,000)
<input type="checkbox"/> BORROW PIT <u>UNDER</u> 500 CUBIC YARDS:	\$100
<input type="checkbox"/> HEALTH DEPARTMENT FEE:	\$35
<input type="checkbox"/> ARBOR PERMIT:	\$75 PER ACRE (MAX FEE \$500)

REQUIRED SUBMITTAL

<input type="checkbox"/> Route haul map
<input type="checkbox"/> Complete survey and topographic map depicting the location of all wells and surface waters within 1,000 feet of the site
<input type="checkbox"/> Proof of ownership as to all areas of land upon which it is to be operated
<input type="checkbox"/> A reclamation and revegetation plan, restoration plan or mitigation plan
<input type="checkbox"/> Erosion control plan
<input type="checkbox"/> Soil borings shall be performed at all sites in order to determine the location of the wet and dry season groundwater table. All soils information shall be prepared by a registered geotechnical engineer.
<input type="checkbox"/> Limits of wetlands and flood prone areas
<input type="checkbox"/> Equipment refueling and maintenance areas shall be determined and their location shown on the plan
<input type="checkbox"/> Specify the methods to be utilized in dewatering the excavation, the duration of the operation, the volume of water pumped per hour and per day, and the disposition of the dewatering effluent. In the event the applicant cannot obtain legal use of the off-site disposal route and proposes on-site storage of effluent, the plan shall indicate the size and location of on-site holding ponds and include calculations used in determining the size of holding ponds. The soils report shall document the ability of the sub-surface soils to percolate the effluent directed to the holding ponds. Should the dewatering operation exceed 90 days duration or 25,000 gallons per day, a groundwater draw down analysis shall be prepared by a geotechnical engineer which details the zone of influence for the given pumping rate over the anticipated duration of the activity. The analysis shall demonstrate that the proposed operation will not have an adverse impact on groundwater quality or adjacent wells.
<input type="checkbox"/> St. Johns River Water Management District permit or letter of exemption shall be submitted prior to the scheduling of a hearing.

Applicant's Signature: _____ **Date:** _____

OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, _____, the owner of record for the following described property (*Tax/Parcel ID Number*) _____ hereby designates _____ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

Date

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner*),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

Notary Public